

MEMO

TO: JooYeun Chang, Senior Deputy Director, Michigan Department of Health and Human Services (MDHHS)

FROM: Sandra Gasca-Gonzalez, Vice President, Center for Systems Innovation, The Annie E. Casey Foundation

DATE: July 13, 2020

SUBJECT: Child Welfare Strategy Group's Review and Recommendations for CSA Oversight of Child Caring Institutions

At MDHHS' request, the Annie E. Casey Foundation's Child Welfare Strategy Group submits our findings and recommendations from a review of your agency's oversight of the safety and quality of Child Caring Institutions (CCI).ⁱ Our review team, comprised of national subject matter experts from child welfare, juvenile justice and residential interventions, had the privilege of interviewing a number of MDHHS staff as well as reviewing relevant documentation and publicly available data to answer a core question: How effectively does MDHHS exercise oversight for residential programs to ensure the safety and well-being of children? We believe this central question was conveyed more clearly in the words of one interview subject, who asked...

"Who is caring about these children?"

While the primary scope of our review focused on oversight and monitoring of residential programs, this could not and should not be separated from reviewing whether or not residential placements are necessary in the first place, and how one would know if youth are benefiting from or being harmed by these settings. Research studies related to the impact of institutional settings on child and youth development have found delays in cognitive skills, social-emotional development, attentional processes and mental health.ⁱⁱ The length of exposure and quality of care has been found to affect the extent of damage experienced and the potential for long-term impact. Because of the potentially toxic effect of these placements on children and youth, limiting the frequency and length of stay in residential placements is the first and most important area of oversight.

The negative impact is amplified for those children and youth with extensive trauma histories and those who identify as LGBTQ, who may even be more likely to land in residential care as the least desirable of options based on their needs. While Michigan's census of children placed in group settings is below the national average, Black youth are overrepresented in group settings relative to their representation in the general child population in Michigan.

Research is clear that placing children and youth in family settings leads to recovery from many of the developmental delays associated with residential placement, although some negative effects may be long-lasting.ⁱⁱⁱ To complement the review conducted by Casey Foundation staff, we encourage you to explore alternatives to residential services so that more children and youth live in families. We suggest reviewing practices to ensure child welfare staff are skilled at completing behavioral health and functional assessments, working with urgency to identify family placements, determining which services children and youth need and monitoring quality of care received. Additionally, we encourage DHSS to enact provisions of the Family First Act to ensure quality of CCI care and promote development of community-based services to prevent more youth from entering foster care.

Below you will find a summary of what our team learned during this review.^{iv} A summary table below includes our six recommendations, along with possible action steps and timeframes. Recommendations are followed by a narrative of themes and best practices that informed them. We include a number of best practice resources, examples and further context in endnotes and the appendices for your consideration.

Underlying the technical and often detailed recommendations provided here is a deep commitment by the review team to the belief that children deserve to be safe, grow up in families and get the help they need to heal, build lasting family relationships and reach their full potential. We believe we cannot create the brighter future we envision for **all children**, if we do not ensure **all young people** — of all races, ethnicities and socio-economic backgrounds — have the opportunity to realize their full potential. We offer these recommendations with the belief that Michigan’s leaders share this commitment.

Summary of Recommendations

RECOMMENDATION	IMMEDIATE STEPS	WITHIN 6 MONTHS	WITHIN 1 YEAR
<p>1. Update <u>coercive intervention policy and practice</u> using national best practice guidance</p>	<ul style="list-style-type: none"> ■ Immediately develop a plan that prohibits the use of all restraints, which includes but is not limited to mechanical, prone/face down and 1-person restraints ■ Phase out use of seclusion and chemical/medication restraints completely ■ As an interim measure develop strict ‘guardrails’ for restraints and seclusions 	<ul style="list-style-type: none"> ■ Promulgate policy to raise legal standards, licensing regulations and contractual language on coercive interventions (see Appendices A, B and C) ■ Support residential programs in culture change and practice improvements to 	<ul style="list-style-type: none"> ■ Leverage the Family First Prevention Services act to frame overarching, long-term Residential Transformation efforts that reflect best practice with residential interventions

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	<p>until these coercive interventions are eliminated altogether.</p> <ul style="list-style-type: none"> ■ Immediately draft a change in policy and licensing language to prohibit restraints and seclusions ■ Require all residential programs to have an activity schedule that includes educational, arts recreation, groups and individual skill building opportunities. These should take place both in the program and with pro-social peers in the community – preferably their home communities 	<p>prevent and replace use of coercive interventions</p> <ul style="list-style-type: none"> ■ Ensure every youth has an individualized, trauma-focused safety plan that identifies triggers and coping tools identified by the youth and staff and that is known by the youth and all those who interact with them ■ Support residential programs to demonstrate trauma-focused competencies for all staff and personnel 	
<p>2. Authentically <u>engage youth and families</u> to advise on and co-design ongoing improvements and alternatives</p>	<ul style="list-style-type: none"> ■ Engage those who have experienced CCIs, including young adults and their family members, to understand how to improve CCIs ■ Require that family members be informed every time a youth is physically restrained or secluded. ■ Establish a youth advisory group at every program ■ Establish a residential advisory group at every program, composed of community leaders/ volunteers with a focus on 	<ul style="list-style-type: none"> ■ Establish statewide youth and family advisory groups with people who have experienced CCIs ■ Include contractual requirement that all CCIs have a safety and well-being committee composed of youth, family members and staff that is responsible for developing strategies to improve safety and quality of life for all ■ Develop state protocols that promote and 	<ul style="list-style-type: none"> ■ Implement ongoing practice and policy reforms guided by recommendations from youth and family advisory groups ■ Require a robust grievance process for youth and families that informs the work of a state ombudsman or other independent entity

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	<p>bringing programs and resources and the normalization of youth in community activities</p>	<p>support youth spending time with their families in their homes and communities throughout the residential intervention</p>	<ul style="list-style-type: none"> ■ Encourage residential providers to hire family partners/advocates and youth peer mentors as program staff in their programs
<p>3. <u>Improve licensing, contracting, oversight and quality improvement</u></p>	<ul style="list-style-type: none"> ■ Support residential programs with new best practice requirements ■ Require quarterly monitoring of all CCI's in the licensing unit ■ Engage the National Association of Regulatory Administration (NARA) to train licensing unit managers and staff and to support development of transparent, consistent and safety-focused protocols for adverse licensing actions ■ Require through licensing regulations that CCI's submit a formal request to MDHHS prior to planning to outsource staffing and/or programming to other entities 	<ul style="list-style-type: none"> ■ Update/align Juvenile Justice and Child Welfare contracts using performance-based contracting ■ Limit the size of CCI's to no more than 16 youth ■ Require that any jurisdiction sending children from out-of-state establish a memorandum of understanding (MOU) with MDHHS requiring information sharing, visitation requirements and cross-jurisdictional communication and coordination to ensure child safety and well-being ■ Develop a staffed clinical and educational oversight team that has residential best practice experience to ensure appropriateness of 	<ul style="list-style-type: none"> ■ Work with county partners to develop community-based services to support youth of all ages, and families, in family-based care ■ Improve permanency and reduce length of stay for all youth served through extensive family finding and case planning based on the principles and practices of Extreme Recruitment^v

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		<p>services, guide practice improvement and work directly with youth and families to shape ongoing policy and practice</p>	
<p>4. <u>Enhance data reporting and management</u></p>	<ul style="list-style-type: none"> ■ Require CCIs to notify a centralized MDHHS point of contact (POC) of all seclusions and restraints verbally within 12 hours and in writing within 24-hours. The POC should report to the Senior Deputy Director ■ Support residential programs in ensuring timely and accurate reporting ■ Assign a data analyst to produce and disseminate reports ■ Disaggregate all data reporting by race, gender and age to proactively identify and address inequitable use of coercive interventions ■ Explore establishment of a state-wide restraint reporting system that includes child welfare, mental health and juvenile justice programs 	<ul style="list-style-type: none"> ■ Initiate an active contract management approach with CCIs to leverage existing support from the Government Performance Lab ■ Produce and effectively use data from monthly reports to inform practice improvement, including residential program data as described below 	<ul style="list-style-type: none"> ■ Support legislative requirements for routine public release of data on all licensing and corrective actions taken, including all restraints and seclusions by age, race, gender and CCI
<p>5. <u>Strengthen organizational and finance structures</u></p>	<ul style="list-style-type: none"> ■ Reestablish the contract management function as a role distinct from licensing and deploy quality of care staff to initiate work on 	<ul style="list-style-type: none"> ■ Streamline role and performance expectations in licensing unit to facilitate consistent quarterly 	<ul style="list-style-type: none"> ■ Simplify administration of the state child-care fund so local/state partners can

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	<p>residential quality improvement</p>	<p>licensing visits and monthly data monitoring</p> <ul style="list-style-type: none"> ■ Ensure staff have the required expertise to undertake fiscal and programmatic oversight ■ Repurpose and where needed increase staffing to enable more robust licensing capacity 	<p>prioritize the effectiveness of services absent local cost negotiations</p>
<p>6. Update <u>casework policy and practice</u> according to national best practice guidance</p>	<ul style="list-style-type: none"> ■ Clearly explain to CCIs what MDHHS expects them to provide--then reinforce expectations verbally and in writing ■ Require monthly in-person visits with youth from worker of record and encourage frequent virtual and phone communication ■ Clearly articulate the MDHHS management structure and protocols for internal communication so quality of care concerns are promptly presented to responsible managers ■ Develop a mechanism to share quality of care concerns with casework staff responsible for children in CCIs ■ Reinforce with CCIs that MDHHS staff are part of the youth’s treatment team 	<ul style="list-style-type: none"> ■ Create protocols and train casework staff to engage in high quality visits with children in CCIs ■ Use feedback from frontline staff to improve in practice and structures for quality improvement, contract management and licensing staff 	

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	and should have access to all information about the youth’s care and progress in treatment		

I. Safety and Coercive Interventions in Residential Programs

Nationally, the field is moving away from coercive interventions in residential programs, including use of restraints, seclusion and mechanical and chemical/medication restraints. Instead, tight ‘guardrails’ are being implemented for use of these interventions. This movement is based on a growing understanding of the adverse impact of these interventions on young people,^{vi} in particular, young people with trauma histories. Further, the research literature points to more effective ways to improve safety in residential interventions, such as choosing program practices and staff that use behavioral and emotional supports and that are youth-guided, family-driven, culturally and linguistically competent, trauma-informed, individualized and strengths-based. Other effective approaches include promoting youth and family engagement and emphasizing organizational change that supports partnership and skill building.

Our team interviewed staff, reviewed publicly available incident reports and reviewed your policy, licensing regulations and relevant state statutes. While data to inform our understanding program-level patterns were not available, we found significant cause for concern pertaining to the use of different types of restraints and seclusions in Michigan.

The licensing regulations, while recently updated, require revamping to meet national norms and best practices and align with research on how to improve child outcomes and well-being. MDHHS licensing language on restraints and seclusions in particular, are loosely defined and subject to broad interpretation. This creates the potential for unacceptable and avoidable levels of risk to child safety.^{vii} As a result, MDHHS is limited in its authority to assure child safety through the licensure process. Fortunately, it is our understand that if licensing regulations are updated to prioritize child safety, MDHHS could have the full legal authority required for enforcement.

Additionally, our team found that MDHHS has unreliable quality-related feedback loops built into practice standards for CCI licensing, contracts and casework. Careful tracking and coordination of follow up on quality of care complaints is one strategy to intervene early, prior to serious incidents occurring related to safety or maltreatment in care. Examples of improved feedback loops in other jurisdictions include: robust grievance processes for youth and families served by residential programs; clear formal caseworker and supervisory expectations on reporting quality of care concerns; and use of an ombudsmen or Child Advocate to follow up and report on concerns from the community.

Michigan is not unique in recognizing the need to reevaluate coercive intervention policies. The National Conference of State Legislatures recently produced a brief policy scan (see Appendix A). It notes

Michigan statute includes certain requirements consistent with model legislation in other states. However, it also described gaps in crisis intervention training (e.g. Oregon) and specific prohibited practices (e.g. New Hampshire). The scan also identified some state child ombudsman/ advocate policies (e.g. Georgia, Rhode Island) that contain more robust CCI oversight requirements.

Recommendations

- Immediately develop a plan that prohibits the use of all restraints, which includes but is not limited to mechanical, prone/face down and 1-person restraints.
- Phase out use of chemical/medication restraints. Provide guidance and technical assistance to residential programs on alternatives.
- Phase out seclusion. Begin by providing more clarity and consistency of administrative rules for residential leaders and managers, including limits on duration of and conditions for seclusion. For example, if a youth is secluded for more than 15 minutes, a supervisor or clinician should talk to the youth. Provide clear guidance and technical assistance to residential programs on alternatives to seclusion. Provide specific protocols for immediate engagement of supervisors, managers and appropriate clinical staff in these decisions. Additionally, for JJ-specific CCIs, our team recommends that MDHHS engage The Center for Children’s Law and Policy for support on assessing conditions of confinement based on national best practice standards (see Appendix I).^{viii}
- As an interim measure develop strict ‘guardrails’ for restraints and seclusions until these coercive interventions are eliminated altogether.
- Immediately draft a change in policy and licensing language to prohibit restraints and seclusions.
 - Require all residential programs to have an activity schedule that includes educational, arts recreation, groups and individual skill building opportunities, both in the program and with pro-social peers in the community – preferably their home communities.
 - Require increased interaction, planning and decision-making involving program youth, families, direct care and clinical staff to improve program structure, programming, practices, and culture to alleviate the need for restraint, seclusion, and other coercive practices.
 - Require development of protocols for a range of trauma-focused individualized prevention tools (e.g., individual soothing/calming plans; sensory modulation approaches) and crisis interventions to support youth in self-calming/soothing to prevent the use of restraints.
 - Require prompt and comprehensive debriefing with staff, youth involved, families of youth involved, and youth observing a restraint and/or seclusion.
 - Develop protocols on crisis communication before use of restraints or seclusion.

- Require accurate and comprehensive incident reporting and program mechanisms (i.e. Quality Improvement Protocols) to ensure the use of data to inform practice improvement.
- Promulgate policy to raise the legal standards, licensing regulations and contractual language pertaining to coercive interventions—see Appendices A, B and C for detail.
- Require every CCI to have a trauma-responsive support plan^{ix} that includes: evidence that staff possess skills and competencies that are trauma-focused, individualized, culturally and linguistically competent, youth-guided and strength-based; promote collaboration and empowerment with youth, ensure clear rights and expectations / responsibilities and skill building to teach youth and staff how to regulate their emotions and behavior.
- Support residential programs in the culture change and practice improvements required to prevent, reduce and replace the use of coercive interventions. Ensure that technical assistance on best practices to reduce, prevent and replace coercive interventions with family-driven, youth-guided, culturally and linguistically competent, trauma-informed, strength-based and individualized approaches is provided to residential providers.
- Leverage the Family First Prevention Services act to frame overarching long term Residential Transformation efforts. Create an urgency towards ensuring permanency, on successfully engaging and working with families, allowing residential program size of 16 beds or less, significantly shorter lengths of stay, and focus on partnerships with community providers and supports that leads to effective in-home and community work during the residential interventions and throughout aftercare.

2. Authentic Engagement of Youth and Families

Our team explored your system's structures to ensure the authentic and routine engagement of young people and their families. One of the important functions of these structures is to ensure that critical information on the experiences of youth and their families in CCIs is available to system leaders with authority to take action prior to a crisis. Our team reviewed and has provided more specific feedback on your proposed contractual changes (Appendix B), including enhanced requirements for engagement of young people and their families, consistent with the Family First Prevention Services Act.

We learned from MDHHS staff about a number of areas of youth engagement upon which to build, including routine interviews of young people during annual licensing reviews, monthly caseworker visits and existing contractual requirements that each CCI have a grievance process for young people. MDHHS staff shared that CCIs routinely serve youth from distant jurisdictions, which limits the ability of programs to serve youth in the context of their families and to engage and partner with families, as required by Family First. As context, residential best practices put a strong emphasis on residential staff continually working in the homes and communities of the youth served, with youth spending time with families as often as possible (at least weekly; ideally multiple times a week).

Our team reviewed your existing Foster Youth Bill of Rights. We believe this document, already in use, could be a central tool as you improve authentic youth voice. Similarly, MDHHS' structure for the Michigan Youth Opportunities Initiative could be deployed to ensure young people who are receiving services in CCI have an opportunity to engage with peers and build leadership and self-advocacy skills.

Finally, it will be critical as you explore technical assistance opportunities with CCIs to ensure that CCI staff are trained and supervised to engage appropriately with youth. MDHHS staff shared that a common theme from discussions with young people in CCIs is the perception that they do not have a voice and are not treated with respect. Similarly, staff shared that some CCI leaders have expressed skepticism about new contractual requirements to engage young people, based on a concern that it may be inappropriate to do so. Conversely, staff also noted at least two “bright spots”—referring to CCIs that have incorporated practices that include young people and their families in decision making. Our team would encourage MDHHS to fully leverage local best practice providers as examples as what is possible, in addition to national supports.

Recommendations

- Engage those who have experienced CCIs, including young adults and their family members, to provide input into ways to improve CCIs.
- Require that family members be informed every time a youth is physically restrained, or a seclusion takes place and involved in meetings with youth and others to identify further de-escalation and coping methods.
- Establish a youth advisory group for every program.
- Establish a residential advisory group for every program composed of community leaders/volunteers with a focus on bringing programs and resources and the normalization of youth in community activities.
- Establish statewide youth and family advisory groups with people who have experienced CCIs.
- Contractually require that all CCIs have a safety and well-being committee composed of youth and staff that is responsible for developing strategies to improve safety and quality of life for all.
- Develop state protocols that promote and support youth spending time with their families in their homes and communities throughout the residential intervention and that include communicating with family members and important fictive kin on a daily basis throughout the residential intervention. Many programs have significantly reduced the use of restraints by encouraging youth to call a family member at the earliest sign of distress.
- Implement ongoing practice and policy reforms guided by the recommendations of these advisory groups by embedding constituent voice into the program design, procurement and routine oversight of CCIs.

- Require a robust grievance process in each facility for youth and families that ensures the safety of those who raise concerns. The process should inform the work of a state ombudsman or other independent entity charged with recommending policy and practice reforms highlighted by the grievance and reporting process.
- Encourage residential providers to hire family partners/advocates and youth peer mentors as staff in their programs. Develop a robust technical assistance project to support providers in hiring, supervising and effectively using these peer staff who have lived experience of residential as a former child or family member of a child.

3. Capacity for Oversight and Quality Improvement

MDHHS licensing and contract management functions and staff roles are merged. This limits the department's effectiveness in carrying out both its regulatory responsibilities (licensing facilities) and programmatic responsibilities (meeting service needs of child welfare and juvenile justice populations). In best practice public systems, these functions are distinct from one another and well-coordinated.

Licensing provides the “floor” for assuring minimal health and safety standards are met, including annual compliance reviews, citations or sanctions for licensing violations, and investigations of complaints (see Appendix C for detailed licensing regulation feedback). Quarterly or biannual inspections are used by other jurisdictions with robust licensing programs to support greater licensing compliance and require both adequate staffing^x and effective processes (see Appendix D).

Monitoring and enforcing licensing regulations in Michigan is even more complicated for CCIs that serve mixed populations of youth with different standards and contract expectations for each. These complexities and the high volume of issues and complaints that arise are likely the result of staff responding to emergencies rather than supporting quality services. MDHHS staff reported long standing problems with inconsistent enforcement of licensing violations. Agencies found to be in violation must complete a program improvement plan, but we found no guidance in state regulations on what the plan must include or accomplish. Additionally, there are opportunities to strengthen consistency and transparency associated with adverse licensing actions to prioritize safety. For example, some jurisdictions use a risk-based scoring approach to guide rational, consistent and transparent adverse regulatory actions (see Appendices D and E).

Even at its best, a compliance and complaint-based system has significant limitations and will not lead to significant quality improvement in areas that really matter, such as: making sure children and youth are physically and emotionally safe; engaging in developmentally appropriate activities; receiving relevant and high-quality treatment services in the appropriate type, frequency and duration; and maintaining connections with family and other social supports.

To focus time and attention on areas with potential for the greatest impact, contract management and quality improvement staff must have time and opportunity to assess, provide improvement feedback and

promote quality care in pursuit of improved child outcomes through technical assistance and other related strategies. By and large, the review team found very little indication that ongoing program improvement is occurring in a meaningful way.

Recommendations

Use national best practice guidance to update policy and practice regarding licensing, oversight and quality improvement.

- Support residential programs with new best practice requirements. Develop, in partnership with provider leaders, a plan to provide technical assistance to support providers in implementing new requirements into practice. The plans should address the most effective technical assistance needed pre-implementation of updated licensing and contract requirements, and throughout the first-year post implementation.
- Require quarterly, in-person monitoring of all CCIs in the licensing unit.
- Engage the National Association of Regulatory Administration (NARA) to train licensing unit managers and staff and support development of transparent, consistent and safety-focused protocols for adverse licensing actions (see Appendix F).
- Require through licensing regulations that CCIs submit a formal request to MDHHS on any future plans to outsource staffing and/or programming to other entities prior to taking that action to ensure all entities that hold liability for safety and quality of programming are in agreement with the arrangement. Monitor any outsourced programming through routine licensing reviews and contract management.
- Update/align Juvenile Justice and Child Welfare contracts using performance-based contracting.
- Limit the size of the programs to no more than 16 beds in contracts. Ensure small residential programs.
- Require that any out-of-state jurisdictions sending children for placement in a Michigan CCI notify MDHHS prior to placement and establish a memorandum of understanding (MOU) with MDHHS requiring the exchange of information, establishing visitation requirements and ensuring cross-jurisdictional communication and coordination to ensure child safety and well-being.
- Develop a staffed clinical oversight team and youth leaders to ensure appropriateness of services and guide practice improvement quality of care and treatment services within Michigan residential programs. This may include development of an internal, multi-agency team (including education, mental health, etc.) or a contracted team to ensure children and youth are screened and assessed for residential placement and more desirable family-based alternatives, and ensure the appropriate type, frequency, and duration of treatment services are provided. The team's focus could be case specific, programmatic and systemic. Responsibilities would include

consultation and support to case workers, family members and other system partners such as the courts, as well as developing processes and supports to eliminate harmful or inappropriate practices (e.g. restraint, seclusion) and facilitate improvements in the quality and effectiveness of interventions. This infrastructure could be created using internal staff or university partnerships or evolve from existing care coordination structures that may exist within health maintenance organizations, adolescent medicine or other specialized or coordinated care initiatives, health homes and others.

- Work with county partners to develop community-based services to support children, teens and families in family-based care. This would ideally mean placing youth with their own family or extended families, closer to home, and would include:
 - Prioritization of child welfare families for services from local Community Mental Health Centers. Other populations may already be prioritized (e.g. pregnant women, co-occurring disorders, and others).
 - Creating a network of peer-helpers, birth families and resource parents devoted to supporting each other to address behavior challenges and increase placement stability in family-based settings.
 - Expansion of in-home support services, such as intensive family preservation, crisis response teams and in-home behavior specialists.
- Improve permanency and reduce length of stay for all youth through extensive family finding and case planning based on the principles and practices of Extreme Recruitment.^{xi}

4. Enhance Data Reporting and Management

- Require immediate reporting (verbal notification within 12 hours and written notification within 24 hours) of all uses of seclusion and restraints in CCIs to MDHHS. Consider centralizing notifications to a point of contact (POC) that reports directly to the office of the Senior Deputy Director. Holding the licensing authority when MDHHS has incomplete data for all children served in CCIs is a significant vulnerability. One state example of a simple, actionable tracking and reporting process is Oklahoma (see Appendix G).
- Support providers to ensure timely and accurate reporting. Provide technical assistance on information needed and the relevant forms or processes as well as routine on-site file checks for accuracy of reporting
- Assign a data analyst to produce and disseminate reports.
- Disaggregate all data reporting by race, gender and age to proactively identify and address inequitable use of coercive interventions (see Appendix H).

- Explore the establishment of a State-wide restraint reporting system that includes, child welfare, mental health and juvenile justice programs.
- Initiate an active contract management approach with CCIs that leverages tools from the Government Performance Lab. Active contract management (ACM) is a set of strategies developed by the Harvard Kennedy School Government Performance Lab (GPL) in partnership with government clients that apply high-frequency use of data and purposeful management of agency service provider interactions to improve outcomes from contracted services.
- Produce and use monthly reports on CCI use of restraints, seclusions and psychotropic medications along with data on police calls, AWOLS, hospitalizations and incidents of aggression or harm towards self/others/property.
- Support a legislative requirement for routine public release of data on all CCI licensing violations and corrective actions, including data on all use of restraint and seclusions youth age, race, gender and CCI facility. Incident and corrective action data could be posted in a required format on individual provider and MDHHS websites and analyzed and compiled in an annual report.^{xii}

5. Strengthen Organizational and Finance Structures for Oversight and Quality Improvement

- Reestablish contract management function as a role and set of responsibilities distinct from licensing. Staff could be housed in the same or separate units, but it is critical that their job functions are disentangled. Additionally, deploy quality of care staff either within a clinical oversight function or CQI to support performance improvement.
- Streamline role and performance expectations in licensing unit to facilitate consistent quarterly licensing visits and monthly data monitoring. It will not be sufficient to increase staff, but rather to redefine job functions and oversight. NARA, referenced above, may be a useful resource in formalizing and reframing these role expectations.
- Ensure that staff have the required expertise to undertake fiscal and programmatic oversight.
- Repurpose, and where needed, increase staffing in licensing to enable more robust licensing capacity as described above. Our team was unable to identify a national standard for the ratio of staff to facilities because the scope, frequency and organizational structures vary widely by jurisdiction. We provide (in Appendix D) examples from Connecticut, a system with a robust, high functioning licensing structure that was developed over a number of years following fatalities and near fatalities of youth in residential placements. Connecticut, which requires quarterly licensing visits and biannual inspections to each program, has a caseload of 10 facilities per licensing consultant. Quarterly visits require .5 to 1 workday, depending on the distance staff must travel. Regulatory consultants are involved in any residential program investigation as well as less frequent reviews of state-licensed non-residential care settings.

- Simplify administration of the state child-care fund so that local/state partners can prioritize the effectiveness of services absent local cost negotiations. Our brief review of CCI fiscal considerations found that rates in the actuarial model used to shape rates for CCIs were generally sound and on par with other systems nationally. Our team found Michigan’s CCI rates to be adequate to provide quality care. Further, as MDHHS/CSA seeks to expand services, it will be important to engage effectively with county child serving agencies. We therefore recommend simplifying the childcare funds’ local/state matching to use a rolling average budget total from recent years, so that county fiscal impacts are predictable and removed from consideration of child-level service planning.

6. Communication, Casework and Quality of Care Concerns

Caseworkers who visit a young person monthly, combined with family and other visitors, are important sources of information and can flag concerns about quality of care prior to them rising to the level of a fatal or near fatal incident. In our interviews with MDHHS staff a few key themes emerged. There did not appear to be a structure or process for agency staff to raise systemic, quality or culture problems with CCIs. Further, there did not appear to be a clearly defined process for responding to concerns related to quality of care that fall outside the scope of the Maltreatment in Care unit and Licensing. In short, when staff are concerned about program culture and quality, they expressed lack of clarity about what to do or who had accountability to address it. Staff have advocated and taken actions for their specific youth, but the overall culture and climate of concerns has not been systemically addressed. Staff do not believe the CCIs offer appropriate services to meet the needs of their youth.

Recommendations

- MDHHS should clearly articulate to CCIs what they expect programs to provide and then reinforce those expectations. For example, leadership should create opportunities to make declarative statements and establish impactful and transformative bottom-line expectations that may include:
 - Eliminating the use of restraints;
 - Eliminating the use of seclusion and isolation;
 - Requiring providers to use evidenced based strategies;
 - Creating a therapeutic, trauma-informed treatment environment, moving away from antiquated, punitive settings;
 - Believing in the development of youths’ ability to regulate their emotions and behavior;
 - Discontinuing placements in large residential programs over 16 beds;
 - Requiring trauma assessments and safety and support plans for all youth in CCIs;

- Placing limitations on length-of-stays in CCIs; and
- Maintaining family and social network support at all costs.
- Require monthly visits from the worker of record with youth and encourage more frequent virtual and phone communication between monthly visits
- Clearly articulate the management structure and protocols for internal communication at MDHHS so that timely and accurate information is presented to responsible managers when there are quality of care concerns.
- Develop a mechanism to share quality of care concerns with staff whose caseloads include children in residential programs and solicit their feedback. Formalize supervisory oversight for reporting quality of care concerns in CCIs.
- Train and create protocols to support casework staff to engage in high quality visits with children in residential programs. Provide training to all staff about what needs to be reported as suspected abuse/neglect and what and how to report to licensing any concerns.
- Reinforce with CCIs that MDHHS staff are part of the youth's treatment team and should have access to all information about the youth's care and progress in treatment. Require that timely and comprehensive service planning reports on youth in CCIs be submitted to MDHHS.
- Ensure that practice and quality improvement structures, contract management structures, and licensing staff structures (described in the sections above) are informed by feedback from frontline staff (ongoing caseworker as well as incident-based and trend data regarding maltreatment in care).

Conclusion

The work in front of MDHHS will require a transformation of the residential system across the state. Provided in Appendix J is a recommended framework for MDHHS to consider as a guide for your residential transformation work. The memo references a number of resources and documents, included in the attached appendices, where your team can find additional detail and guidance supporting the recommendations. Finally, we want to express our gratitude to the MDHHS team, especially Stacie Bladen and Patricia Neitman, for providing the needed documentation and participating in interviews so that we could learn more about your system and develop sound recommendations.

List of Appendices^{xiii}

- **Appendix A: National Council of State Legislatures Policy Scan**
- **Appendix B1 & B2: BBI Summary and Recommendations for Review of MI QRTP RFCAN Master Template**

- **Appendix C1, C2, C3 & C4: BBI Summary and Recommendations from Review of MI DCWL Documents**
- **Appendix D1 & D2: Documentation from Connecticut’s Regulatory Approach & Structures**
- **Appendix E: Florida Child Care Adverse Sanctions Matrix**
- **Appendix F: National Association of Regulatory Administration White Paper**
- **Appendix G1 & G2: Oklahoma DHS Data Reporting and Monitoring tools**
- **Appendix H: The Annie E. Casey Foundation Racial Equity and Inclusion Action Guide**
- **Appendix I: The Annie E. Casey Foundation Juvenile Detention Facilities Standards and Self-Assessment**
- **Appendix J: BBI Recommended Framework for Residential Transformation**

ⁱ We use the terminology Child Caring Institution (CCI) because it reflects a licensing category in the state of Michigan regulations. When considering best practice terminology and framework, we would advise that Michigan use the terminology Residential Program or Residential Intervention.

ⁱⁱ See series of research articles collected in the [Lancet Commission in the Institutionalization and De-institutionalization of Children](#), June 23, 2020.

ⁱⁱⁱ van IJzendoorn MH, Bakermans-Kranenburg MJ, Duschinsky R et al. Institutionalization and deinstitutionalization of children 1: A systematic and integrative review of evidence regarding effects on development. *Lancet Psychiatry*. 2020; (published online June 23.) [https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2)

^{iv} It is important to note the limitations of this analysis. First, quantitative data on use of restraints and incident frequency were not available to the team for review. Second, we did not evaluate the practices of individual staff, units or child caring agencies, but rather the capacity of the state’s Children’s Services Administration to provide effective oversight. Undoubtedly there are many examples of exceptional performance within these offices and our team was impressed by your visionary staff who are tirelessly leading reform. Third, due to the current public health crisis, information that would be best conveyed through face-to-face conversations and focus groups was gathered via email, phone calls and video conferences.

^v Extreme Recruitment is a program of the Foster and Adoptive Care Coalition. Learn more at <https://www.foster-adopt.org/recruitment-programs/#extreme>

^{vi} Blau, G M , Caldwell, B & Lieberman, R E (Eds) *Residential Interventions for Children, Adolescents, and Families: A Best Practice Guide (P 110-125)* Routledge, Taylor & Francis Group New York.

^{vii} Blau, G M , Caldwell, B & Lieberman, R E (Eds) *Residential Interventions for Children, Adolescents, and Families: A Best Practice Guide (P 110-125)* Routledge, Taylor & Francis Group New York.

^{viii} The self-assessment tool referenced has been adapted for utilization in a range of JJ facilities beyond detention We would recommend using the modified standards available from the Center for Children’s Law and Policy.

^x As a comparison, Connecticut, which requires quarterly licensing visits and biannual inspections to each program, has a caseload of 10 facilities per licensing consultant. Quarterly visits require 5 to 1 work day, depending on the distance staff must travel. Additionally, regulatory consultants are involved in any investigation in a program that pertains to licensing regulations.

^{xi} Extreme Recruitment is a program of the Foster and Adoptive Care Coalition. Learn more at <https://www.foster-adopt.org/recruitment-programs/#extreme>

^{xii} New Hampshire provides an example of an agency that provides an annual report on use of restraint and seclusion to their legislature. The policy requires that such reports be based on “periodic, regular review of such records and shall include the number and location of reported incidents and the status of any outstanding investigations.”

^{xiii} In addition to the attached appendices, Casey will provide Michigan MDHHS with a number of residential best practice materials including two BBI books and articles on successful restraint/seclusion prevention initiatives.

Appendix A.

State Policies Related to Oversight of Congregate Care/Residential Facilities

NCSL was asked to examine a range of state policies related to congregate care/residential facilities with a focus on state restraint and seclusion policies of children and youth in such facilities. In the timeframe allotted for this request, NCSL has been able to do an initial, cursory examination of the following policy areas which might be useful for Michigan to consider as it examines related policies:

- 1. Specific state restraint and seclusion policies for residential facilities. These policies prohibit or limit use and require reporting, documentation and training.**
 - a. California, Colorado, Oregon, New Hampshire, Michigan
 - b. Regional prohibition on prone restraints – Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont.
 - c. Additional helpful statutory language – D.C. and New Mexico.
- 2. Example of broader reform of oversight/licensing of residential facilities.**
 - a. Florida’s statewide accountability system for residential group care providers based on measurable quality standards.
- 3. The role of state oversight of child welfare residential facilities through entities such as the office of the child ombudsman/child advocate.**
 - a. State ombudsman offices with strong statutory requirements around residential and group facility oversight including Connecticut, Georgia and Rhode Island. This includes a cursory comparison of Michigan Office of the Children’s Ombudsman with these states.
- 4. State protection from abuse in residential facilities legislation.**
 - a. State legislation in Arizona, Nevada, New York, Oklahoma and Texas.
- 5. Examples of state prevention of entry into residential facilities legislation.**
 - a. California and Connecticut.
- 6. NCSL Overview of State Juvenile Justice Seclusion Policies.**
 - a. Selected states’ policies to reduce the use of seclusion in juvenile justice facilities.

Please see Appendix 1, where noted, starting on page 12 for lengthier, complete policy and legislative language that is summarized below.

1. State Restraint and Seclusion Policies

Policies and legislation in California, New Hampshire and Oregon address restraint and seclusion policies aimed to reduce the use of such policies and/or restrict such policies. Michigan policies, based upon a cursory review, seem very similar.

California 9 CCR §1929(a) states that “Physical restraint and seclusion shall be used only when alternative methods are not sufficient to protect the child or others from immediate injury.” Further, such methods may be used “only with a signed order of a physician or licensed psychologist, except in an emergency.... In such an emergency a child may be placed in physical restraint at the discretion of a

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registered nurse.” 9 CCR §1929(d)(2). Restraint is time limited and must be carefully documented. Staff training in the use of the restraint is required. (See Appendix 1 for the full statute.)

Colorado Administrative Code _Title 2500. Department of Human Services_2509. Social Services Rules (Volume 7; At-Risk Adults, Child Welfare, Child Care Facilities) defines and describes de-escalation, escalation, mechanical restraint, training requirements, the use of transitional methods of behavioral control (See Appendix 1 for full regulation.)

Oregon requires physical restraint used in facilities to be written out in detail, to only engaged in by trained staff, and to be thoroughly documented: (B) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use physical restraint and only when physical restraint is necessary as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained. (C) The child-caring agency must report each use of physical restraint on a child in care to the child in care's parent or legal guardian, caseworker, or probation officer within five working days, and must document the notification in the child in care's case file. (D) Any use of physical restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one working day of occurrence. (See Appendix 1 for the full statute/regulation.)

New Hampshire RSA chapter 126-U was enacted to ensure: limited use of these practices, careful collection of information about each incident, periodic review of facility practices, and transparent reporting to state decision makers. The law provides specific detail on the limitation of use of restraint, prohibits its use to emergencies and provides detailed recordkeeping requirements. Below is an excerpt (see Appendix 1 for the full statute) of a very detailed statute that Michigan might find extremely helpful:

No school or facility shall use or threaten to use any of the following restraint and behavior control techniques:

I. Any physical restraint or containment technique that:

- (a) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
- (b) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child;
- (c) Obstructs the circulation of blood;
- (d) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or
- (e) Endangers a child's life or significantly exacerbates a child's medical condition.

II. The intentional infliction of pain, including the use of pain inducement to obtain compliance.

III. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a child for the purpose of controlling or modifying the behavior of or punishing the child.

IV. Any technique that unnecessarily subjects the child to ridicule, humiliation, or emotional trauma.

Source. 2010, 375:2, eff. Sept. 1, 2010.

According to a [2019 report of the New Hampshire Office of the Child Advocate](#):

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“New Hampshire DCYF is reportedly in early stages of promoting a system-wide cultural shift to trauma-sensitive, restraint and seclusion-free milieu in certified residential programs. They identified Six Core Strategies for Reducing Seclusion and Restraint Use© (Six Core Strategies),¹¹⁰ a model for reform developed by the National Association of State Mental Health Program Directors (NASMHPD), as a promising therapeutic framework and a means to reduce the aversive and traumatizing use of restraining and secluding children.¹¹¹ The Six Core Strategies include steps to build culture, infrastructure, knowledge, and individualized, strengths-based, child and family-driven care. These strategies aim for alternatives to restraining and secluding children. They actually build capacity and effectiveness of treatment and therapeutic milieu so that restraint and seclusion are unnecessary.”

Michigan legislation appears to contain many elements found in California and Oregon statutes, including release from restraint, documentation, record-keeping, notification, debriefing after the incident, required reporting of a serious occurrence, and an annual report. However, we could not clearly identify language related to crisis intervention training such as that found in Oregon or details on prohibited practices such as is found in New Hampshire (See Appendix 1 for the full statute/regulation).

The chart below was prepared by the New Hampshire Office of the Child Advocate to identify and describe regional state prohibitions on prone restraints in residential treatment centers and schools in 7 states.

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Table 1. Regional State Prohibitions on Prone Restraints

STATE	RESIDENTIAL TREATMENT FACILITIES	SCHOOLS
Connecticut ⁶⁵	“Any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means”	Prone Restraints
Maine ^{66,67}	Prone restraints prohibited	Restraint “that restricts the free movement of the diaphragm or chest or that restricts the airway so as to interrupt normal breathing or speech (restraint-related positional asphyxia) of a student”
Massachusetts ⁶⁸	“[P]rone restraints prohibited. Exception on individual bases, if all 6 conditions met”: documented history, alternatives failed, no medical contraindications, documented psychological justification, written consent for emergency use to prevent serious injury, must be in “position that allows airway access and does not compromise respiration.”	“[P]rone restraints prohibited. Exception on individual bases, if all 6 conditions met”: documented history, alternatives failed, no medical contraindications, documented psychological justification, written consent for emergency use to prevent serious injury
New Hampshire ⁶⁹	“[A]ny restraint that “[o]bstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing...[p]laces pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child” or “[o]bstructs the circulation of blood,”	“[A]ny restraint that “[o]bstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing...[p]laces pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child” or “[o]bstructs the circulation of blood,”
New York ⁷⁰	Prone restraints prohibited	No prohibition
Rhode Island ⁷¹	Prone restraints prohibited	Prone restraints prohibited
Vermont ⁷²	“Restraints that impede a child/youth's ability to breathe or communicate”	Prone restraints when less restrictive restraints fail or are ineffective

⁶⁵ Conn. Gen. Stat. ch. 814e § 46a-150-4. https://www.cga.ct.gov/current/pub/chap_814e.htm.

⁶⁶ 10-144 Me. Code R. 36 § 5.O(5). <https://www.maine.gov/sos/cec/rules/10/chaps10.htm>.

⁶⁷ 05-071 Me. Code R. 33 § 6.2(A). <https://www.maine.gov/doe/schools/safeschools/restraint>.

⁶⁸ MA 603 CMR 46.03(1)(b) and 606 CMR 3.07(7)(j)(15), 3.07(7)(j)(1)(b).

⁶⁹ NH RSA chapter 126-U:4

⁷⁰ The Laws of New York, Consolidated Laws Article 31.19

⁷¹ R.I. Gen Laws § 42-158-3. <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-158/42-158-3.HTM>.

⁷² Vt. Code R. 13 172 001-648. <https://bit.ly/31AFvhz>.

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Following are two additional states with helpful language:

DC CODE § 7-1231.09 and **MI ST 722.112e** both also contain regulations. Both of these also require some sort of debriefing following the incident, though they are a bit different in terms of the specifics of these debriefings. The DC law applies to "Residential treatment facilities licensed pursuant to [section 948 of Title 29 of the District of Columbia Municipal Regulations](#) (Standards for Participation of Residential Treatment Centers for **Children** and Youth" which means it applies to PRTFs, though probably not all congregate care settings.

NM ST § 32A-6A-10 specifies several regulations surrounding restraint and seclusion when providing "treatment or habilitation", including a requirement that a mental health professional debrief with the child following any use of restraint or seclusion. It also requires a child be reassessed every 30 minutes while restraint or seclusion is being used. It has a few other regulation pieces that might be helpful as well.

2. Broader Reform of the Oversight/Licensing of Residential Facilities

Florida Institute for Child Welfare

Quality Standards for Residential Group Care website - <https://ficw.fsu.edu/GCQSA>

2017 Florida House Bill 1121 amended Section 409.996 (22) of the Florida Statute, requiring the Department of Children and Families to develop a statewide accountability system for residential group care providers based on measurable quality standards to be implemented by July 1, 2022. In addition, the legislation required the Department to develop the system in collaboration with the Florida Institute for Child Welfare, lead agencies, service providers, current and former foster children placed in residential group care and other community stakeholders.

In collaboration with the Florida Coalition for Children (FCC) and the Florida Institute for Child Welfare (FICW), the Department established a core set of quality standards for licensed group homes (Group Care Quality Standards Workgroup, 2015). The Department engaged the FICW to develop and validate a comprehensive assessment tool, the *Group Care Quality Standards Assessment* which will serve as the core measure for the statewide accountability system. The quality accountability system initiative draws upon research and empirically-driven frameworks to transform residential services through the integration of research-informed practice standards, on-going assessment, and continuous quality improvement. (See link above for full project reports and information.)

[Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations](#) - This technical report from Florida Institute for Child Welfare provides an overview of current trends related to residential group care, although it does not provide much information on state's restraint and seclusion policies. The report summarizes models of evidence-supported residential group care including Positive Peer Culture, The Sanctuary Model and Stop-Gap.

Additionally, the report provides a summary of recommendations to guide policy and practice for residential group care:

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- Quality standards
- Evidence-based and best practices
- Family engagement
- Explore/expand new and innovative models and approaches
- Culturally competent practice
- Workforce development
- Flexible funding

3. Office of the Child Ombudsman/Child Advocate

Children’s Ombudsman Offices, also known in some jurisdictions as Office of the Child Advocate, have been established at the state level in order to assist in providing oversight of children’s services. Currently, approximately twenty-three states have established a Children’s Ombudsman/ Office of the Child Advocate with duties and purposes specifically related to children’s services. Another five states have a statewide Ombudsman program that addresses the concerns of all governmental agencies, including children’s services. Nine states have related Ombudsman services, program-specific services, or county-run programs.

Georgia and Rhode Island statute appear to provide much more comprehensive oversight of residential/group care facilities than what NCSL was able to identify in Michigan statute.

The Georgia Office of the Child Advocate

Georgia Code § 15-11-744.

(3) To enter and inspect any and all institutions, facilities, and residences, public and private, where a child has been placed by a court or DFCS and is currently residing. Upon entering such a place, the advocate shall notify the administrator or, in the absence of the administrator, the person in charge of the facility, before speaking to any children. After notifying the administrator or the person in charge of the facility, the advocate may communicate privately and confidentially with children in the facility, individually or in groups, or the advocate may inspect the physical plant. To the extent possible, entry and investigation provided by this Code section shall be conducted in a manner which will not significantly disrupt the provision of services to children.

The Rhode Island Office of the Child Advocate

The office, statutorily and in regulation, mandates several duties that impact their oversight of residential and group facilities, including the duties of the advocate, access to information, right to interview a child privately, ability to periodically inspect juvenile facilities ; it is not clear that the Michigan Office of the Child Advocate has similar oversight requirements or powers.

Rhode Island § 42-73-7. Duties of advocate.

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The child advocate shall perform the following duties:

(2) Review periodically the procedures established by the department of children, youth, and families to carry out the provisions of chapter 72 of this title with a view toward the rights of the children and to investigate in accordance with the established rules and regulations adopted by the child advocate, the circumstances relating to the death of any child who has received services, from the department of children, youth, and families;

(4) Periodically review the facilities and procedures of any and all institutions and/or residences, public and private, where a juvenile has been placed by the family court or the department of children, youth, and families;

(5) Recommend changes in the procedures for dealing with juvenile problems and in the systems for providing childcare and treatment;

Rhode Island Office of the Child Advocate § 42-73-8. Access to information.

The child advocate shall have access to the following information:

(1) The names of all children in protective services, treatment, or other programs under the jurisdiction of the department of children, youth, and families, and their location if in custody;

The Rhode Island Office of the Child Advocate has oversight of all facilities under the Department of Children, Youth and Families, which includes Child Protective Services, Licensing, the Family Service Unit, Developmental Disability Unit, Child Support Unit, Juvenile Corrections, Juvenile Probation, Legal Department, Intake Unit, Monitoring Unit, Central Referral Unit, Children's Behavioral Health Unit and the Contract Compliance Unit.

Additionally, the Rhode Island Office of the Child Advocate:

“...monitors each child open to DCYF, to protect the legal rights of children in State care and to promote policies and practices which ensure that children are safe, that children have permanent and stable families, and that children in out of home placements have their physical, mental, medical, educational, emotional, and behavioral needs met. The OCA has the right to meet with and speak to any child, regardless of their current placement, if the child is open to the Department. The OCA also has the right to intervene in any case to ensure that proper steps are being taken to secure the child's health and safety. In addition, the OCA is responsible for monitoring each facility licensed by the Department of Children, Youth and Families in the State of Rhode Island including foster homes, day care providers, residential programs, out-of-state placement facilities and the Training School.”

4. Protection from Abuse in Facilities

Below are summaries of state legislative enactments related to protecting children and youth from child maltreatment in residential facilities.

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Arizona

2010 Ariz. Sess. Laws, SB 1091, Chap. 161 required child protective service workers to accept, screen and assess reports of abuse or neglect in residential treatment centers or in behavioral health residential agencies that are licensed by the Department of Health Services.

Nevada

2009 Nev. Stats., AB 103, Chap. 2 provided for the audit, inspection, review and survey of governmental facilities for children to determine whether such facilities adequately protect the health, safety and welfare of the children. Defined governmental facility for children as any facility, detention center, treatment center, hospital, institution, group shelter or other establishment that is owned or operated by a governmental entity and that has physical custody of children.

New York

New York, 2012 Senate Bill 7749, Chapter 501 – Enacted the Protection of People with Special Needs Act to provide for the protection of persons in state operated and licensed facilities from abuse, neglect and mistreatment. The legislation also established the justice center for the protection of people with special needs, addresses the protection of students in residential care, background checks of providers and their employees, and an abuse prevention notification system.

Oklahoma

2010 Okla. Sess. Laws, SB 1830, Chap. 220 stipulated Department of Human Services (DHS) responsibilities when a DHS assessment or investigation results in a report of alleged abuse or neglect of a child placed in an Office of Juvenile Affairs secure facility. The law required the DHS to immediately make a referral, either verbally or in writing, to the appropriate law enforcement agency for the purpose of conducting a possible criminal investigation. After making the referral to the law enforcement agency, the DHS shall not be responsible for further investigation.

Texas

2011 Tex. Gen. Laws, SB 653, Chap. 85, Sec. 203.014 required the Department of Family and Protective Services to establish a permanent, 24-hour, toll-free number for information about the abuse, neglect or exploitation of children in the custody of the Texas Juvenile Justice Department. The law further required that the number be prominently displayed in each department facility and that children in custody have confidential access to telephones to call the toll-free number. The Texas Juvenile Justice Department must share complaints received on the toll-free number with the Office of the Inspector General and the Office of the Independent Ombudsman.

5. Prevention of Entry into Group Care

Several states have provided examples of efforts to provide children and youth with alternatives to institutional care:

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California

2010 Cal. Stats., AB 1758, Chap. 561 authorized all counties to provide children with service alternatives to group home care through development of expanded family-based services programs, including individualized or “wraparound” services. Wraparound services are community-based intervention services that emphasize the strengths of the child and family and include coordinated, highly individualized, unconditional services to address needs and achieve positive outcomes in their lives. These services are available to a child living with his or her birth parent, relative, non-relative extended family member, adoptive parent, licensed or certified foster parent, or guardian. The law authorized a county to develop and implement a plan for providing wraparound services designed to enable children who would otherwise be placed in a group home setting to remain in the least restrictive, most family-like setting possible. It also imposes specified evaluation and reporting requirements for participating counties and training requirements for staff in these counties.

Connecticut

2013 Senate Bill 972, Act No. 13-178 required the development of a plan for meeting children’s mental, emotional and behavioral health needs, requires the inclusion of certain strategies, including school and community-based mental health services integration and early intervention enhancement, provides for collaboration with emergency mobile psychiatric service providers, training of school resource officers, mental health providers, pediatricians and child care providers, home visitation, and a study on nutrition and psychotropic drugs.

6. NCSL Overview of State Juvenile Justice Seclusion Policies

A practice in some residential facilities that has come under increasing scrutiny is the use of solitary confinement. Also known as room confinement, seclusion, isolation or segregation, it can include physical and social isolation in a cell for 22 to 24 hours a day. State legislatures across the country are re-examining the practice of placing juveniles in solitary confinement without first assessing each juvenile's individual behavior.

Most states currently allow youth to be held in isolation under specified circumstances, but 12 states and the District of Columbia have enacted statutes that limit or prohibit solitary confinement (others have limited its use through administrative code or court rules). Four of those laws were enacted in the last three years.

[Arkansas](#) now prohibits any young person who is detained from being placed in punitive isolation or solitary confinement for more than 24 hours unless a physical or sexual assault has been committed by the young person or there is an imminent or direct threat to the young person, other detainees or staff. If

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a young person is isolated for more than 24 hours, the director of the facility must provide written authorization for every 24-hour period.

[Maryland](#) prohibits anyone under age 18 from being put in restrictive housing unless a director finds clear and convincing evidence that the young person poses an immediate danger to himself/herself, others or staff. Any young person put in restrictive housing must have daily physical and mental health assessments to determine whether the minor may be released, and they must be provided access to the same services—e.g., phone calls, mail, food, water, showers, health care, recreation and education—that any other young person in the facility would receive. Each year, every correctional unit must report to the governor the number of people put in restrictive housing by age, race, gender and basis for restrictive housing.

***Montana's 2019 House Bill 763** defines restrictive housing as confinement to a cell for at least 22 hours a day and limits the use of restrictive housing over 24 hours unless it is “necessary to protect the youth or others.” An administrator must review any restrictive housing assignments within four hours regardless of weekends or holidays. Facilities may adopt policies that require young people to be separated from the general population if the youth exhibits serious behavior problems there are serious behavior problems.*

[New Jersey](#) passed the “Isolated Confinement Restriction Act” in 2019, and it goes into effect in August 2020. This law prohibits the use of any solitary confinement for youth age 21 or younger and other vulnerable populations.

Under [Nebraska](#) law, solitary confinement longer than one hour must be documented and approved by the facility administrator and must be released “immediately upon regaining sufficient control so as to no longer engage in behavior that threatens substantial and immediate risk of harm to self or others.” Additionally, the facility must notify the child’s parents and attorney of the young person’s confinement within one business day.

Juvenile Solitary Confinement

Jurisdictions that have enacted statutes limiting or prohibiting the practice

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APPENDIX 1

1. California Restraint and Seclusion

(California Compilation of Select Laws & Regulations Regarding Behavioral Restraint & Seclusion)

Community Treatment Facilities
9 CCR §1929 and 22 CCR §84175.2

“Physical restraint and seclusion shall be used only when alternative methods are not sufficient to protect the child or others from immediate injury.” 9 CCR §1929(a).

May be used “only with a signed order of a physician or licensed psychologist, except in an emergency.... In such an emergency a child may be placed in physical restraint at the discretion of a registered nurse.” 9 CCR §1929(d)(2).

When does an MD or healthcare practitioner have to cosign Always. “In [an emergency] a child may be placed in physical restraint at the discretion of a registered nurse. An order shall be received by telephone within sixty (60) minutes of the application... and shall be signed by the prescriber within twenty-four (24) hours.” 9 CCR §1929(d)(2).

“All orders for physical restraint shall become invalid two (2) hours after the restraint or seclusion is initiated for children ages 9 to 17, one (1) hour for children under age 9, and four (4) hours for any special education pupils ages 18 through 21.... If continued physical restraint or seclusion is needed a new order shall be required.” 9 CCR §1929(d)(2)(D).

“[P]hysical restraint shall not be allowed for longer than twenty-four (24) hours.” 9 CCR §1929(d)(3). P.R.N. orders are prohibited. 9 CCR §1929(d)(4).

“[A] child placed in physical restraint shall be checked at a minimum of every fifteen (15) minutes by the licensed nursing staff.” 9 CCR §1929(d)(11). “Vital signs shall be measured at least every half hour, unless otherwise indicated by the prescribing professional.” 9 CCR §1929(d)(11)(A).

“Full documentation of the episode leading to the use of physical restraint... shall be entered in the child's facility record.” 9 CCR §1929(d)(2)(B). “At the time physical restraint is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the child's medical condition... shall be reviewed... and noted in the child's facility record.” 9 CCR §1929(d)(2)(C). “A written record of each check shall be placed in the child's record.” 9 CCR §1929(d)(11).

“Staff participating in the physical restraint or seclusion of a child shall also participate in a required four (4) hours of bi-annual review.” 9 CCR §1922(b). “Staff shall complete at least 16 hours of a basic assaultive behavior and prevention training course prior to their participation in the containment, seclusion, and/or restraint of a child.” 22 CCR §84165(f)(2)(A)

“Physical Restraint’ means physically controlling a child’s behavior. Physical control includes restricting movement by positioning staff, restricting motion by holding, the application of mechanical devices and

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involuntary placement of a child in a seclusion room or any other room in which they are involuntarily isolated.” 9 CCR §1901(v)

2. Colorado Restraint and Seclusion Policy

Colorado Administrative Code _Title 2500. Department of Human Services_2509. Social Services Rules (Volume 7; At-Risk Adults, Child Welfare, Child Care Facilities)_12 CCR 2509-8. Rule Manual Volume 7 Child Care Facility Licensing_7.714. Quality Standards for 24-Hour Child Care 12 CCR 2509-8:7.714 12 Colo. Code Regs. 2509-8:7.714 Alternatively cited as 12 CO ADC 2509-8 2509-8:7.714. QUALITY STANDARDS FOR TWENTY-FOUR (24)-HOUR CHILD CARE All rules in Section 7.714 will be known and hereinafter referred to as the Quality Standards for Twenty-Four (24)- Hour Child Care and will apply to all child care applicants and licensees subject to licensing as a specialized group facility, residential child care facility, shelter residential child care facility, or psychiatric residential treatment facility. \

“De-escalation” is the use of therapeutic interventions with a child during the escalation phase of a crisis. The interventions are designed to allow children to contain their own behavior so that acute physical behavior does not develop that would lead to the need to use a physical management. “Emergency” means a serious, probable, imminent threat of bodily harm to self or others where there is the present ability to effect such bodily harm. “Escalation” is an increase in intensity of a child’s out-of-control behavior. The “Family Service Plan” is a case services plan completed by a county caseworker jointly with the child, parents, and providers within sixty (60) calendar days of placement for each child receiving services from a county department of social/human services. The “Individual Child’s Plan” (“the Plan”) is based upon an assessment of the child immediately following placement at the facility. It is developed by the facility for each child and must be consistent with the Family Service Plan for the child. “Mechanical Restraint” means a physical device used to involuntarily restrict the movement of an individual or the movement or normal function of a portion of his or her body. Mechanical restraints include, but are not limited to: the use of handcuffs, shackles, straight jackets, posey vests, ankle and wrist restraints, craig beds, vail beds, and chest restraints. Mechanical restraint does not include the use of protective devices used for the purpose of providing physical support or prevention of accidental injury. “Nationally Recognized Criteria” means a set of standards, nationally acknowledged as acceptable and appropriate for use with at-risk populations, that are incorporated into the model of physical management utilized by the facility. The Nationally Recognized Criteria shall include, at a minimum the following:

A. Annual staff training and/or certification, to include training upon hire, and ongoing (at least every six months) refresher training or practice exercises for each staff member trained or certified in restraint, to review and refresh skills involved in positive behavior intervention, prevention, de-escalation, and physical management, in accordance with the model. B. A restraint prevention and de-escalation component, to include identifying antecedents that may cause an individual to escalate, and/or development of behavior management plans that are in alignment with individual treatment plans if necessary. C. A physical management process that prohibits or provides alternatives to a prone position, and includes identifying primary control techniques that emphasize utilizing only the minimum amount of force necessary to gain control and keep the individual safe. D. A debriefing process which includes a review of physical management, to determine the appropriateness and effectiveness of preventive/de-escalation techniques used, the appropriateness of physical management, and how, or if, physical managements are preventable. “Physical Management” means the physical action of placing one’s

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hands on an individual. Physical management may be used to gain physical control in order to protect the individual or others from harm after all attempts to verbally direct or deescalate the individual have failed. Physical management may be utilized when an emergency situation exists. The physical management continuum may include:

A. Utilizing transitional measures. B. Placing one's hands on an individual to physically guide and/or physically control the individual. C. Use of an approved restraint method to control or contain the individual. D. Placing of an individual into an approved prolonged restraint method. E. Physical management may be used to move or escort an individual into seclusion. Seclusion, in itself, is not a form of physical management. "Physical Restraint" means the use of bodily, physical force to involuntarily limit an individual's freedom of movement. "Prone Position" means placing an individual in a face down position. "Prone Restraint" means a restraint in which the individual being restrained is secured for a period of time in a prone position for a period of time exceeding five (5) minutes. "Reasonable" as used in these rules means appropriate and suitable, or not excessive or extreme.

"Restraint" means any method or device used to involuntarily limit freedom of movement, including, but not limited to, bodily physical force, mechanical devices, or chemicals. Restraint includes a chemical restraint, a mechanical restraint, a physical restraint, and seclusion. Restraint does not include: A. The use of any form of restraint in a licensed or certified hospital when such use is in the context of providing medical or dental services that are provided with the consent of the individual or the individual's guardian; B. The use of protective devices or adaptive devices for providing physical support, prevention of injury, or voluntary or life-saving medical procedures; C. The initial temporary holding or positioning of an individual, for less than five minutes, by a staff person appropriately trained and/or certified for protection of the individual or other persons; D. The holding of a child by one adult for the purpose of calming or comforting the child; E. Placement of an individual in his or her sleeping room for the night; or, F. The use of time-out, in an unlocked setting where voluntary egress is not prevented, and as may be defined by written policies, rules, or procedures

A "Residential Facility" ("the facility") provides 24-hour child care and includes residential child care facilities and specialized group facilities. A "staff member" of the facility as used in these rules includes a specialized group home parent or a specialized group center or residential child care facility. "Seclusion" means the placement of an individual, six (6) years old or older, alone in a room from which egress is involuntarily prevented. "Transitional measure" means physical guidance, prompting techniques of short duration, or an initial temporary approved physical positioning of an individual at the onset or in response to a re-escalation during a physical management, for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self or others. Momentary utilization of a short term (as quickly as possible, but not to exceed five (5) minutes) prone position is only permissible during a transitional measure.

3. Oregon Restraint Policy

(d) Physical restraint.

(A) For the purposes of this rule, "physical restraint" means the act of restricting a child in care's voluntary movement to manage and protect the child in care or others from injury when no alternate actions are sufficient to manage the child in care's behavior. "Physical restraint" does not include

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temporarily holding a child in care in an emergency to assist him or her or assure his or her safety, such as preventing a child in care from running onto a busy street.

(B) Only child-caring agency staff and proctor foster parents who have been trained in a nationally recognized nonviolent crisis-intervention system may use physical restraint and only when physical restraint is necessary as a last resort to prevent a child in care from inflicting harm to self or others. The restraint must be conducted within the parameters of the nationally recognized system in which the staff or proctor foster parent is trained.

(C) The child-caring agency must report each use of physical restraint on a child in care to the child in care's parent or legal guardian, caseworker, or probation officer within five working days, and must document the notification in the child in care's case file.

(D) Any use of physical restraint by a staff member or proctor foster parent of the child-caring agency, if the member is not trained in a nationally recognized nonviolent crisis intervention system, must also be reported to a Department licensing coordinator within one working day of occurrence.

(E) Limitations. The child-caring agency must have a policy that prohibits the application of a nonviolent physical restraint to a child in care who has a documented physical condition that would contraindicate the use of that particular restraint, unless a qualified medical professional has previously and specifically authorized its use in writing for that child in care. Documentation of the authorization must be maintained in the child in care's record.

(F) Physical Restraint Documentation. The policies of the child-caring agency must require a report on an incident report form of behavior that required the use of physical restraint. The report must include the specific attempts to de-escalate the situation before using physical restraint and the length of time the physical restraint was applied. The report must include the time the restraint started and the time it was terminated, the debriefing completed with the staff and child in care involved in the physical restraint, and documentation of a review by the executive director, program director, or designee.

(G) Review. The policies of the child-caring agency must require that whenever a physical restraint is used on a child in care more than two times in seven days, there is a review by the executive director, the director's designee, or a management team to determine the suitability of the program for the child in care, whether modifications to the child in care's plan are warranted, and whether staff need additional training in alternative therapeutic behavior management techniques. The child-caring agency must take appropriate action indicated by the review.

4. Michigan Restraint Legislation

722.112e Personal restraint or seclusion; release; documentation; record; notification; debriefing; report of serious occurrence; annual report.

Sec. 2e.

(1) A minor child shall be released from personal restraint or seclusion whenever the circumstance that justified the use of personal restraint or seclusion no longer exists.

(2) Each instance of personal restraint or seclusion requires full justification for its use, and the results of the evaluation immediately following the use of personal restraint or seclusion shall be placed in the minor child's record.

(3) Each order for personal restraint or seclusion shall include all of the following:

(a) The name of the licensed practitioner ordering personal restraint or seclusion.

(b) The date and time the order was obtained.

(c) The personal restraint or seclusion ordered, including the length of time for which the licensed practitioner ordered its use.

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(4) The child caring institution staff shall document the use of the personal restraint or seclusion in the minor child's record. That documentation shall be completed by the end of the shift in which the personal restraint or seclusion occurred. If the personal restraint or seclusion does not end during the shift in which it began, documentation shall be completed during the shift in which the personal restraint or seclusion ends. Documentation shall include all of the following:

- (a) Each order for personal restraint or seclusion.
- (b) The time the personal restraint or seclusion actually began and ended.
- (c) The time and results of the 1-hour assessment.
- (d) The emergency safety situation that required the resident to be personally restrained or secluded.
- (e) The name of the staff involved in the personal restraint or seclusion.

(5) The child caring institution staff trained in the use of personal restraint shall continually assess and monitor the physical and psychological well-being of the minor child and the safe use of personal restraint throughout the duration of its implementation.

(6) The child caring institution staff trained in the use of seclusion shall be physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the minor. Video monitoring shall not be exclusively used to meet this requirement.

(7) The child caring institution staff shall ensure that documentation of staff monitoring and observation is entered into the minor child's record.

(8) If the emergency safety intervention continues beyond the time limit of the order for use of personal restraint or seclusion, child caring institution staff authorized to receive verbal orders for personal restraint or seclusion shall immediately contact the licensed practitioner to receive further instructions.

(9) The child caring institution staff shall notify the minor child's parent or legal guardian and the appropriate state or local government agency that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible after the initiation of personal restraint or seclusion. This notification shall be documented in the minor child's record, including the date and time of the notification, the name of the staff person providing the notification, and the name of the person to whom notification of the incident was reported. The child caring institution is not required to notify the parent or legal guardian as provided in this subsection if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudged to be dependent, neglected, or delinquent under chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that the notice would not be in the minor child's best interest.

(10) Within 24 hours after the use of personal restraint or seclusion, child caring institution staff involved in the emergency safety intervention and the minor child shall have a face-to-face debriefing session. The debriefing shall include all staff involved in the seclusion or personal restraint except if the presence of a particular staff person may jeopardize the well-being of the minor child. Other staff members and the minor child's parent or legal guardian may participate in the debriefing if it is considered appropriate by the child caring institution.

(11) The child caring institution shall conduct a debriefing in a language that is understood by the minor child. The debriefing shall provide both the minor child and the staff opportunity to discuss the circumstances resulting in the use of personal restraint or seclusion and strategies to be used by staff, the minor child, or others that could prevent the future use of personal restraint or seclusion.

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(12) Within 24 hours after the use of personal restraint or seclusion, all child caring institution staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes, at a minimum, all of the following:

- (a) Discussion of the emergency safety situation that required personal restraint or seclusion, including a discussion of precipitating factors that led up to the situation.
- (b) Alternative techniques that might have prevented the use of personal restraint or seclusion.
- (c) The procedures, if any, that child caring institution staff are to implement to prevent a recurrence of the use of personal restraint or seclusion.
- (d) The outcome of the emergency safety intervention, including any injury that may have resulted from the use of personal restraint or seclusion.

(13) The child caring institution staff shall document in the minor child's record that both debriefing sessions as described in subsections (10) and (12) took place and shall include the names of staff who were present for the debriefings, names of staff that were excused from the debriefings, and changes to the minor child's treatment plan that result from the debriefings.

(14) Each child caring institution subject to this section and sections 2c and 2d shall report each serious occurrence to the department. The department shall make the reports available to the designated state protection and advocacy system upon request of the designated state protection and advocacy system. Serious occurrences to be reported include a minor child's death, a serious injury to a minor child, and a minor child's suicide attempt. Staff shall report any serious occurrence involving a minor child by no later than close of business of the next business day after a serious occurrence. The report shall include the name of the minor child involved in the serious occurrence; a description of the occurrence; and the name, street address, and telephone number of the child caring institution. The child caring institution shall notify the minor child's parent or legal guardian and the appropriate state or local government agency that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible and not later than 24 hours after the serious occurrence. Staff shall document in the minor child's record that the serious occurrence was reported to both the department and the state-designated protection and advocacy system, including the name of the person to whom notification of the incident was reported. A copy of the report shall be maintained in the minor child's record, as well as in the incident and accident report logs kept by the child caring institution.

(15) Each child caring institution subject to this section and sections 2c and 2d shall maintain a record of the incidences in which personal restraint or seclusion was used for all minor children. The record shall include all of the following information:

- (a) Whether personal restraint or seclusion was used.
- (b) The setting, unit, or location in which personal restraint or seclusion was used.
- (c) Staff who initiated the process.
- (d) The duration of each use of personal restraint or seclusion.
- (e) The date, time, and day of the week restraint or seclusion was initiated.
- (f) Whether injuries were sustained by the minor child or staff.
- (g) The age and gender of the minor child.

(16) Each child caring institution subject to this section and sections 2c and 2d shall submit a report annually to the department containing the aggregate data from the record of incidences for each 12-month period as directed by the department. The department shall prepare reporting forms to be used by the child caring institution, shall aggregate the data collected from each child caring institution, and shall annually report the data to each child caring institution and the state-designated protection and advocacy system.

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5. New Hampshire**126-U:4 Prohibition of Dangerous Restraint Techniques. –**

No school or facility shall use or threaten to use any of the following restraint and behavior control techniques:

I. Any physical restraint or containment technique that:

- (a) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
- (b) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back, or abdomen of a child;
- (c) Obstructs the circulation of blood;
- (d) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or
- (e) Endangers a child's life or significantly exacerbates a child's medical condition.

II. The intentional infliction of pain, including the use of pain inducement to obtain compliance.

III. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a child for the purpose of controlling or modifying the behavior of or punishing the child.

IV. Any technique that unnecessarily subjects the child to ridicule, humiliation, or emotional trauma.

Source. 2010, 375:2, eff. Sept. 1, 2010.

Section 126-U:5**126-U:5 Limitation of the Use of Restraint to Emergencies Only. –**

I. Restraint shall only be used in a school or facility to ensure the immediate physical safety of persons when there is a substantial and imminent risk of serious bodily harm to the child or others. The determination of whether the use of restraint is justified under this section may be made with consideration of all relevant circumstances, including whether continued acts of violence by a child to inflict damage to property will create a substantial risk of serious bodily harm to the child or others. Restraint shall be used only by trained personnel using extreme caution when all other interventions have failed or have been deemed inappropriate.

II. Restraint shall never be used explicitly or implicitly as punishment for the behavior of a child.

126-U:7 Notice and Record-Keeping Requirements. –

I. Unless prohibited by court order, the facility or school shall, make reasonable efforts to verbally notify the child's parent or guardian and guardian ad litem whenever seclusion or restraint has been used on the child. Such notification shall be made as soon as practicable and in no event later than the time of the return of the child to the parent or guardian or the end of the business day, whichever is earlier. Notification shall be made in a manner calculated to give the parent or guardian actual notice of the incident at the earliest practicable time.

II. A facility employee or school employee who uses seclusion or restraint, or if the facility employee or school employee is unavailable, a supervisor of such employee, shall, within 5 business days after the occurrence, submit a written notification containing the following information to the director or his or her designee:

- (a) The date, time, and duration of the use of seclusion or restraint.
- (b) A description of the actions of the child before, during, and after the occurrence.
- (c) A description of any other relevant events preceding the use of seclusion or restraint, including the justification for initiating the use of restraint.

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- (d) The names of the persons involved in the occurrence.
- (e) A description of the actions of the facility or school employees involved before, during, and after the occurrence.
- (f) A description of any interventions used prior to the use of the seclusion or restraint.
- (g) A description of the seclusion or restraint used, including any hold used and the reason the hold was necessary.
- (h) A description of any injuries sustained by, and any medical care administered to, the child, employees, or others before, during, or after the use of seclusion or restraint.
- (i) A description of any property damage associated with the occurrence.
- (j) A description of actions taken to address the emotional needs of the child during and following the incident.
- (k) A description of future actions to be taken to control the child's problem behaviors.
- (l) The name and position of the employee completing the notification.
- (m) The anticipated date of the final report.

III. Unless prohibited by court order, the director or his or her designee shall, within 2 business days of receipt of the notification required in paragraph II, send or transmit by first class mail or electronic transmission to the child's parent or guardian and the guardian ad litem the information contained in the notification. Each notification prepared under this section shall be retained by the school or facility for review in accordance with rules adopted under RSA 541-A by the state board of education and the department of health and human services.

IV. Whenever a facility or school employee has intentional physical contact with a child which is in response to a child's aggression, misconduct, or disruptive behavior, a representative of the school or facility shall make reasonable efforts to promptly notify the child's parent or guardian. Such notification shall be made no later than the time of the return of the child to the parent or guardian or the end of the business day, whichever is earlier. Notification shall be made in a manner calculated to give the parent or guardian actual notice of the incident at the earliest practicable time.

V. In any case requiring notification under paragraph IV, the school or facility shall, within 5 business days of the occurrence, prepare a written description of the incident. Such description shall include at least the following information:

- (a) The date and time of the incident.
- (b) A brief description of the actions of the child before, during, and after the occurrence.
- (c) The names of the persons involved in the occurrence.
- (d) A brief description of the actions of the facility or school employees involved before, during, and after the occurrence.
- (e) A description of any injuries sustained by, and any medical care administered to, the child, employees, or others before, during, or after the incident.

VI. The notification and record-keeping requirements of paragraphs IV and V shall not apply in the following circumstances:

- (a) When a child is escorted from an area by way of holding of the hand, wrist, arm, shoulder, or back to induce the child to walk to a safe location. However, if the child is actively combative, assaultive, or self-injurious while being escorted, the requirements of paragraphs IV and V shall apply.
- (b) When actions are taken such as separating children from each other, inducing a child to stand, or otherwise physically preparing a child to be escorted.
- (c) When the contact with the child is incidental or minor, such as for the purpose of gaining a misbehaving child's attention. However, blocking of a blow, forcible release from a grasp, or other significant and intentional physical contact with a disruptive or assaultive child shall be subject to the requirements.
- (d) When an incident is subject to the requirements of paragraphs I-III.

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Source. 2010, 375:2. 2014, 324:8, eff. Sept. 30, 2014.

126-U:9 Review of Restraint Records by Department of Health and Human Services.

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I. The commissioner of the department of health and human services shall adopt rules, pursuant to RSA 541-A, relative to:

- (a) Periodic, regular review by the department of health and human services of records maintained by facilities regarding the use of seclusion and restraint.
- (b) A process for the department's receipt of complaints and its conduct of investigations of reports of improper use of seclusion and restraint in facilities, which may be through the department of health and human services, office of the ombudsman, or otherwise. The process shall provide for:
 - (1) Investigation of complaints regarding any violation of this chapter, regardless of whether injury results.
 - (2) Investigation by persons not affiliated with the facility which is the subject of the complaint.
 - (3) Resolution of complaints and completion of investigations within 30 days, with provision for limited extensions for good cause.
 - (4) Protection of children before and after completion of the investigation.
 - (5) Appropriate remedial measures to address physical and other injuries, protect against retaliation, and reduce the incidence of violations of this chapter.

II. Beginning November 1, 2010, and each November 1 thereafter, the commissioner of the department of health and human services shall provide an annual report to the committees of the house of representatives and the senate with jurisdiction over health and human services and over children and family law, regarding the use of seclusion and restraint in facilities. The annual report shall be based on the periodic, regular review of such records and shall include the number and location of reported incidents and the status of any outstanding investigations.

Source. 2010, 375:2. 2014, 324:8, eff. Sept. 30, 2014.

Section 126-U:10

126-U:10 Injury or Death During Incidents of Restraint or Seclusion. —

I. In cases involving serious injury or death to a child subject to restraint or seclusion in a facility, the facility shall, in addition to the provisions of RSA 126-U:7, notify the commissioner of the department of health and human services, the attorney general, and the state's federally-designated protection and advocacy agency for individuals with disabilities. Such notice shall include the notification required in RSA 126-U:7, II. The department of health and human services shall annually notify facilities of their responsibilities under this section and provide contact information for the persons to be notified.

II. In cases involving serious injury or death to a child subject to restraint or seclusion in a school, the school shall, in addition to the provisions of RSA 126-U:7, notify the commissioner of the department of education, the attorney general, and the state's federally-designated protection and advocacy agency for individuals with disabilities. Such notice shall include the written notification required in RSA 126-U:7, II. The department of education shall annually notify schools of their responsibilities under this section and provide contact information for the persons to be notified.

Source. 2010, 375:2. 2014, 324:8, eff. Sept. 30, 2014.

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Section 126-U:11**126-U:11 Authorization and Monitoring of Extended Restraint. –**

In a school or facility:

- I. Restraint shall not be imposed for longer than is necessary to protect the child or others from the substantial and imminent risk of serious bodily harm.
 - II. Children in restraint shall be the subject of continuous direct observation by personnel trained in the safe use of restraint.
 - III. No period of restraint of a child may exceed 15 minutes without the approval of the director or a supervisory employee designated by the director to provide such approval.
 - IV. No period of restraint of a child may exceed 30 minutes unless a face-to-face assessment of the mental, emotional, and physical well-being of the child is conducted by the facility or school director or by a supervisory employee designated by the director who is trained to conduct such assessments. The assessment shall also include a determination of whether the restraint is being conducted safely and for a purpose authorized by this chapter. Such assessments shall be repeated at least every 30 minutes during the period of restraint. Each such assessment shall be documented in writing and such records shall be retained by the facility or school as part of the written notification required in RSA 126-U:7, II.
- Source.** 2010, 375:2, eff. Sept. 1, 2010.

Section 126-U:12**126-U:12 Restriction of the Use of Mechanical Restraint During the Transport of Children. –**

- I. A school or facility shall not use mechanical restraints during the transportation of children unless case-specific circumstances dictate that such methods are necessary.
 - II. Whenever a child is transported to a location outside a school or facility, the director shall ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort the child in a manner which:
 - (a) Prevents physical and psychological trauma;
 - (b) Respects the privacy of the child; and
 - (c) Represents the least restrictive means necessary for the safety of the child.
 - III. Whenever a child is transported using mechanical restraints, the director shall document in writing the reasons for the use of mechanical restraints. Such documentation shall be treated as a notification of restraint under RSA 126-U:7.
- Source.** 2010, 375:2, eff. Sept. 1, 2010.

Section 126-U:13

126-U:13 Restriction of the Use of Mechanical Restraint in Courtrooms. – At any hearing under RSA 169-B, RSA 169-C, or RSA 169-D, the judge may subject a child to mechanical restraint in the courtroom only when the judge finds the restraint to be reasonably necessary to maintain order, prevent the child's escape, or provide for the safety of the courtroom. Whenever practical, the judge shall provide the child and the child's attorney an opportunity to be heard to contest the use of mechanical restraint before the judge orders its use. If mechanical restraint is ordered, the judge shall make written findings of fact in support of the order.

Source. 2010, 375:2, eff. Sept. 1, 2010.

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Section 126-U:14

126-U:14 School Review Following the Use of Restraint or Seclusion. – Upon information that restraint or seclusion has been used for the first time upon a child with a disability as defined in RSA 186-C:2, I or a child who is receiving services under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. section 701, and its implementing regulations, the school shall review the individual educational program and/or Section 504 plan and make such adjustments as are indicated to eliminate or reduce the future use of restraint or seclusion. A parent or guardian of a child with a disability may request such a review at any time following an instance of restraint or seclusion and such request shall be granted if there have been multiple instances of restraint or seclusion since the last review.

Source. 2014, 324:9, eff. Sept. 30, 2014.

DRAFT
REVIEW OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING

REVIEW OF QRTP RFCAN MASTER TEMPLATE
& RECOMMENDATIONS FOR IMPROVEMENT

DATE OF REVIEW: 06/07/20/Updated 6/17/20

REVIEWER: Janice LeBel, PhD, ABPP

BBI LEAD FOR REVIEW OF CONTRACT FOR PROJECT: Beth Caldwell, MS

Overview

Through the leadership of the Annie E. Casey Foundation, the Building Bridges Initiative (BBI) is involved in a review of Michigan Department of Health and Human Services (MDHHS) Children's Services Agency's (CSA) Division of Child Welfare Licensing (DCWL) residential standard-setting documents, including their contracting Master Template for QRTPs. The review process is part of a wide-ranging assessment of MDHHS's residential program/group care policies and practices to ensure youth safety, service effectiveness, and greater staff skill and competency in order to deliver high quality effective residential interventions. Michigan DHHS initiated this assessment in response to a restraint-related fatality of a youth in a residential service.

Dr. Janice LeBel served as a reviewer of DCWL's residential standard-setting documents and Beth Caldwell provided a framework and oversight for the review process, as well as input into this summary and the feedback with the accompanying licensing documents. The review that follows is of the QRTP RFCAN Master Template v6 (1). The template was assessed against the Six Core Strategies© (6CS), an evidenced-based practice to prevent/reduce conflict/violence and the use of restraint and seclusion (R/S) in treatment settings, along with BBI and Family First (FF) values, principles, and practices. Dr. LeBel and Ms. Caldwell served as reviewers of the Master Template.

What follows below are summary, thematic bullet points of areas of Strengths and Recommendations including: 1) General Comments - Language; 2) Documentation, 3) Best Practices, and 4) Restraint/Seclusion.

Included with this summary document is the e-file for: QRTP RFCAN Master Template v6 (1) (Template) which was reviewed and returned with suggested edits, recommendations and comments imbedded in the e-file document using “*tracked changes*.” This applied approach to document review was provided in an effort to help Michigan’s DHHS DCWL refine their Master Template which sets the tone for services sought, purchased and delivered in order to ultimately improve the safety and quality of care in residential interventions provided to Michigan’s youth and families.

Please note: Recommendations offered in the Master Template were typically made with the first occurrence of the word/content and were not necessarily repeated/restated throughout the entire document.

Strengths

- The Master Template leads with ‘youth and families’ language. ***This is great and does not always occur in state contracting!***
- The Master Template acknowledges and solicits information regarding trauma history.
- Persons with lived experience must be included in formal roles, Executive Boards, Agency committees and involved with other activities as indicated. ***This is fantastic! Nothing changes culture and operations faster – and for the better – than youth/family inclusion. Kudos!!***
- There is ***wonderful inclusion*** of the youth guided family driven framework in treatment planning (p.10)!
- There are ***terrific statements*** on the primacy of permanency and youth/family engagement (p. 12-13)!
- ***Great references*** are provided regarding workforce commitment to permanency and website resources for potential Contractors to pursue additional information (p.13).
- There are ***excellent references*** to inclusion of youth/family roles in care and experiences receiving services (p.22) in annual staff training requirements!
- Use of sensory modulation approaches to support self-regulation is also included the annual staff training topics (p. 23). ***Fabulous!***
- Prone restraint is prohibited. ***This is important, essential, and appreciated!***
- *Residential intervention* language was used in the Master Template. ***Great!***
- *“Family and caregiver involvement shall remain the center of the youth’s programming”* (p. 28). ***This is clear and strong!***

- Diversity, equity, cultural competence and cultural humility is recognized and included in the Master Template (p. 29). ***This is so important and especially relevant.***
- Weekly sibling involvement is a clear expectation (p. 29). **This is critical to family system respect and integrity!**

Recommendations

General Comments – Language

Please note: Language change promotes culture and practice change. Some language changes may seem trivial, odd, uncomfortable, or not necessary. But language matters. It drives social process and makes people stop, pause, ponder, and possibly feel a little uncomfortable. This is good. This is necessary. You are creating an intentional cognitive intervention for your field staff and Contractors and signaling a shift away from business/practice as usual. Please do not minimize the importance of semantic shifts they are part of the change process.

Also, where word/semantic changes were recommended, the recommended change is often made with the first appearance of the word only and may not be restated every time the original term is used. For words/terms that DHHS decide to change/improve, when updating/improving contract language DHHS staff will need to replace the words/terms throughout the contract.

- Change ‘*placement*’ or ‘*residential care program*’ or ‘residential facility’ to ‘residential intervention’ to underscore that the purpose of out of home care is for a treatment and support intervention to support both the youth and family. Residential interventions are meant to be short-term and designed to address the behavioral and/or emotional needs that prevent the youth from living with the family and/or at a lesser level of care in the community.
- Change ‘*case service plan*’ to ‘Family Service Plan’ or ‘Youth and Family Service Plan’ and ‘case worker’ to ‘family worker or youth and family worker’. “Case” dehumanizes/neutralizes and diminishes the role/position of the person in the service equation. They are the customer. They are who MI DHSS staff work for. Case Service Plan is not consistent with Person-First Language which is the preferred language for human service work. It is respectful, non-labeling/non-judgmental, and consistent with the value we place on those served.

- Change '*client eligibility*' (section 1, program requirements, p.2) to 'youth/family eligibility' to 1) be consistent with the language already in the section for term consistency sake, and 2) to keep the focus on both (youth and family) and not reduce their role to an amalgam customer without affiliation or role. Better to retain, 'youth and families' to underscore the dual focus and the position that youth belong to a family and exist within the context of a family.
- Examine obligatory language in the template (shall, will, must) and use one term, if possible. In general, 'shall' confers an obligation, 'will' requires an action that is typically tied to policy/regulation/requirement and 'must' maintains an absolute position of obligation/action.
- Change the tone and language from "*compliance*" to "adherence." Compliance has a negative tone and connotes a forced adoption of practice, while adherence connotes more positive, intentional action on the part of the licensee. Also, consider advancing your expectations for organizations to "adherence and advancement." You want Contractors to go farther than minimal standards.
- Choose one term to identify the child. There are multiple terms used in all of the documents to describe the youth: *child, youth, resident, client*, etc. It is best to select one term, e.g. young person and stick with that for consistency's sake and ease for the reader, unless a specific term has specific age parameters. If so, then add the specific term and age range to the Definitions section at the beginning of the document to inform the reader. Also, if possible, do not use the term, "resident." It neutralizes the youth to an affiliation with the program and no longer a child who is connected to a family.
- Under Geographic Area (p.8) the document states: '*Statewide.*' It is not clear what 'Statewide' means. Can youth be placed anywhere in the state? An explicit statement about youth receiving a residential intervention in/near their home community/Area of Tie is critical and needed in this section. Geography magnifies detachment and impedes permanency.
- Under Credentials (p.9), change '*staff under its control*' to 'staff under its supervision.' No one has full control over another human being. The employer's job is not to 'control' but to supervise to expectation and performance.
- Advance '*trauma-informed*' language to 'trauma-responsive'. This is the next step in trauma-informed practice. Being trauma-informed is an initial step but it does not connote the action/responsibility needed to move beyond recognition to accountability and integrating the knowledge into practices to address trauma/prevent re-traumatization.
- Change '*visits with the youth and family*' language to 'spending time with family' or 'family time.' Children do not visit their families. 'Family visit' language is subtle semantic detachment and minimizes the connection/relationship/roles.

- Change the language from '*rejecting*' a referral to the Contractor's 'decision to decline' the referral (p.18). The semantic shift moves the tacit blame for not being acceptable from the youth/family and places the onus and responsibility for the decision on the Contractor on their inability to serve.
- Change '*crisis intervention*' to 'crisis prevention and intervention' to emphasize the need to anticipate and avoid crises.
- Change the language from '*safety plan*' to 'soothing plan' or weave the concepts together (e.g. soothing/safety plan) (p.19). Safety plans often fail to achieve their goal because they are used too late and distort the goal. Ultimately, we want youth to feel comforted and to practice self-soothing techniques which lead to self-calming skill development. We want staff to understand their role is to promote kind/calm/nurturing comfort for the youth in distress. The goal is for both staff and youth to practice these interventions daily and reinforce calming/self-regulation skill acquisition – not to attempt this only when a crisis is emerging (it is often too late then).
- Use explicit language, such as: joy, happy, happiness when requiring 'strengths' 'resilience' and desired outcomes. Happy kids are more likely to do better, participate in treatment, form more positive attachments, have shorter lengths of stay and succeed at the next level of care. Instead of preventing a negative (like AWOLs, self-injury/harm/aggression) – state what you do want. You want to see happy kids, having fun, engaged, learning and developing positively. Use the language so Contractors can pivot to positive practice/approaches/verbiage.
- Eliminate 'child handling' verbiage and replace with 'child support' (p. 22 - also found in CCI rules).
- Consider simplifying some language (e.g. shift from singularly '*self-regulation*' strategies to also adding 'self-calming' or 'self-soothing' strategies – so 'self-regulation and calming strategies' OR switching to using the terms 'self-calming' or 'self-soothing' strategies) (p. 23). Verbiage like '*self-regulation*' alone, without explanation becomes jargon/psychobabble of the trade and loses the implicit meaning: self-calming/self-soothing. Given the education level of the direct care workforce and the need to be very clear with Contractor's about expectations, consider keeping language simple, clear, and specific. The average person on the street should know what you are asking/looking for.

- Consider changing ‘*appropriate discipline*’ verbiage (p. 23). This is subjective/moral judgment language. Direct care staff will rely on their own experience of ‘discipline’ and it could be completely inappropriate. Consider using ‘compassionate discipline’ to put the accent on kind intervention, not a punitive response.
- Change ‘*required restraint*’ language (p. 39) to ‘staff used restraint.’ Restraint/seclusion are often used because of flawed staff judgement and limited skill set. ‘Required restraint’ language puts the onus/responsibility/blame for the event on the youth when more often it is an indicator of what is lacking in the staff’s capacity to effectively intervene.
- Change language from ‘*substance abuse*’ to ‘substance use’. The language in the new DSM-5 removed ‘abuse’ from the language/taxonomy and refers to the problem within ‘Substance Use Disorders.’
- Use person-first language. Person-first language is needed in the list of program types and in the more detailed descriptions. As written, the youth are the disability/diagnosis as opposed to a youth that has that challenge, e.g. Developmentally Disabled and Cognitively Challenged Program should be stated as Program for Youth with Developmental Disability and Cognitive Impairment (p. 57).
- Change ‘Symptomology’ (which is the study of symptoms) to ‘Symptoms’ (found in program type p. 52 on). Symptoms is de-jargonized, clear, and specific.

Documentation

- Require explicit documentation with a focus on strengths/social resilience (p. 3). Also, lead with strengths in the document expectations. Human service work is well oriented and focused on problem identification and resolution but at the expense of not concertedly focusing on strengths and resilience. Strengths are the gateway to recovery, healing, successful living in the community with family/permanent connections. This is part of success planning for youth/families.
- Require documentation on psychotropic medications used and weight/BMI (tracked over time). Weight gain is a very serious problem with lifelong implications that is being largely ignored. It directly impacts health, functioning, and longevity. Require a nutritional consult/plan and an activity plan for every youth whose weight/BMI moves into an overweight classification.
- Require clear outcome measures that include positive and negative indicators, race, diversity representation/inclusion, and success post transition/discharge.

Best Practices

- Require Contractors to adopt ‘*no eject*’ policy and practice subject to capacity. Implement a ‘*no reject*’ requirement that includes some exclusions that are approved by the oversight agency. Raise the bar in provider expectations.
- Require race, equity and inclusion performance measures (hiring/retention, workforce education, advancement, competencies, etc.).
- Require ‘high reliability’ and accountability for performance measures (increased positive indicators: permanency, youth/family engagement and inclusion, improved functioning in home/community/school/with family, and decreased negative indicators: acuity, R/S, service disruption, hospitalizations, arrests, academic decline/dropout, etc.).
- Require aftercare activities be explicitly identified and measured, including: working with youth/families in the home/community/school. If left unspecified, it will be interpreted as conducting telephonic outreach with youth/families/collaterals, and/or soliciting feedback through discharge satisfaction surveys, etc.
- Reduce the timeframes for tasks/deliverables – ideally cut the time in half, e.g. time to act on a complete referral from 5 days to 2 days, developing a treatment plan from 30 days to 7 days, (p.18), treatment/transition/discharge planning reviews from every three months to every month (p. 25), decisions for program realignment from 15 days to 5 days (p. 26), and outreach post discharge from a Level One service from twice during the first 30 days to a minimum of weekly (p. 42). To move the system forward, you have to raise the performance bar and signal that every day is important. The current time frames are arbitrary, markers of convenience, and based on historic practice. Inpatient care must have a treatment plan on day one, which is continually refined; residential programs across the country have done the same. Raise the professional expectation of the residential industry by shortening timeframes (they won’t be fully honored anyway, but you will get the Contractors’ and Field’s attention and start change how people think and practice). Please note: These are examples and not a complete list of timeframes in the template – all should be reconsidered and reduced. There is too much time which slows the system, slows decision making, and creates great potential for system failure. Every day matters!
- Change the language and practice of transition/discharge planning from ‘*begins at admission*’ (p. 25) to begins at ‘pre-admission.’ For effective systemic practice and youth not getting stuck in residential interventions when they are transition/discharge-ready, take advantage of

the time lag from referral to admission for the Contractor to organize a pre-admission process with involved parties (family, school, agencies, family's current community supports, etc.) that

elicits the focus of the intervention/goals/trajectory re: expected next level of care/service and identifies where the lack of consensus is – early – to prevent protracted stays and adversely impacts permanency/family connection.

- Significantly expand the Program Performance Objectives (e.g. p. 43), as written, there is only measurable requirement: *Substantiated allegations of maltreatment by staff of the provider*. Please expand these sections in each program type and include positive indicators and markers of behavioral, functional, familial/permanency improvement and success. Also include measuring these dimensions by race. Look for service/practice bias and discrimination so you can address it through licensing/monitoring/contracting.
- Increase the required number of individual therapy sessions by program type. These standards are low, consistent with outpatient service delivery and a lower level of care. For effective treatment interventions to occur, there must be active treatment delivered.
- Add language in the template that expands the health related references to include the Covid-19 pandemic and/or more public health considerations/training/practices (e.g. screening protocols for youth/staff/visitors, terminal cleaning procedures, routine and touch-surface cleaning protocols and frequency, cleaning methods, cleaning agents, HVAC/ventilation/airflow sufficiency, PPE use and procedures for PPE donning and doffing, etc.).
- Require Contractors to solicit youth/family feedback as part of their own annual review/quality improvement processes and imbed this in the Master Template.
- In the Service Planning & Delivery section (p. 7), shift the language and timing of identifying and activating a permanent connection from post discharge to during the residential intervention. Why wait to nurture/support and grow a permanent connection? Please make Permanency the primary treatment goal for youth who have no 'family' or permanent connection identified at the beginning of the residential intervention. This is a crisis for the child and beginning of profound detachment and social damage/impairment and is highly disruptive to the goal of youth achieving success post residential intervention.
- Require Contractors to make treatment plan goals observable, measurable, and progress identified with specific data points. Evidence informed/directed practice is essential for accountable, quality care. Data also makes the focus of care explicit.

- Add the requirement that youth and families participate in Contractor hiring practices (e.g. reviewing job descriptions, developing a list of questions, interviewing candidates, participating in new employee orientation/onboarding practices, etc.). This is powerful, no-

cost programmatic advancement that strongly communicates the value a funder and Contractor places on those they serve.

Restraint and Seclusion (R/S)

Imbed the Six Core Strategies© into the Master Template. The contract foundation needs a comprehensive approach to address R/S use and should include: 1) leadership, 2) workforce development, 3) using data to inform practice, 4) comprehensive debriefing immediate post-event and next day, 5) youth/family engagement and roles, and 6) prevention tools (including but not limited to individual soothing/calming/crisis prevention plans and sensory approaches [integration/modulation/application throughout the service/connected to transition/discharge plans, and teaching sensory skills to youth and families]). There are some elements of the Strategies in the template now (e.g. sensory modulation, safety planning, processing/debriefing) but the content is limited. Contractor's need more guidance and practice parameters to effect R/S prevention/reduction and change.

- *Chemical restraint* is referenced on p. 24 and prohibited (chemical restraint is also listed in the CCO definitions and CCI rules). The term is outdated. The term of art is 'medication restraint'. It is wonderful to see that this is prohibited and clearly stated in the contract template! Can the practice be stated as a prohibition or deleted from the CCO/CCI standards, too?
- Describe R/S as an '*emergency procedure*' instead of an emergency intervention (p. 24). Interventions are intended to improve an outcome. Procedures are a course of action which may/may not improve a condition or outcome. In the case of R/S – their use is toxic, harmful, damaging and does not improve psychiatric/behavioral conditions. These procedures cause injury and a significant breach in the therapeutic relationship.
- Add debriefing with the youth AND the family to the '*processing requirements*' after R/S is used (p. 25). The debriefing should also include a revision to the soothing/safety plan and the treatment plan. Also, expand the concept and practice of processing/debriefing other significant acuity events. This is a learning process to prevent recurrence and to heal relationships. Many Contractors use debriefing time to model apology, help restore the damage to relationships, teach relationship repair skills and modify staff training and quality improvement efforts.

- Require Contractors to have organizational R/S prevention/reduction plans to be continually used and updated no less than annually (if they use R/S).

- Require Contractors to submit their data on a monthly basis and provide systemic R/S reports to Contractors no less than monthly that allows each licensee to assess their use compared to other like Contractors.

Closing

Thank you for the opportunity to review the Michigan QRTP RFCAN Master Template v6 (1). There are many terrific strengths and innovations in the Master Template. We applaud your thinking and direction! ***Keep going!*** We hope this feedback is useful to your next steps. If there are any questions regarding this feedback, please contact Dr. Janice Lebel (978-395-6909; jlebel@comcast.net) or Beth Caldwell (413-717-0855; bethanncaldwell@gmail.com).

JLL/mht

**Michigan Department of Health and Human Services
Bureau of Grants and Purchasing (BGP)
PO Box 30037, Lansing, MI 48909
Or
235 S. Grand Avenue, Suite 1201, Lansing, MI 48933**

**AGREEMENT NUMBER: RFCAN xxx
Between
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
And**

CONTRACTOR		PRIMARY CONTACT	EMAIL
xxx		xxx	xxx
CONTRACTOR ADDRESS			TELEPHONE
xxx			- -
STATE CONTACT	NAME	TELEPHONE	EMAIL
Contract Administrator	xxx	- -	xxx@Michigan.gov
BGP Analyst	xxx	- -	xxx@Michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Residential Foster Care Abuse Neglect		
GEOGRAPHIC AREA	Statewide		
INITIAL TERM	EFFECTIVE DATE*	EXPIRATION DATE	AVAILABLE OPTION YEARS
xxx	October 1, 2020	September 30, 2024	2
MISCELLANEOUS INFORMATION			
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION	\$xxx		
CONTRACT TYPE	Per Diem		

*The effective date of the contract shall be the date listed in the "Effective Date" box above, or the date of Michigan Department of Health and Human Services (MDHHS) signature below, whichever is later.

The undersigned have the lawful authority to bind the Contractor and MDHHS to the terms set forth in this Agreement. Section 291 of the fiscal year 2016 Omnibus Budget, PA 84 of 2015, requires verification that all new employees of the Contractor and all new employees of any approved subcontractor, working under this Agreement, are legally present to work in the United States. The Contractor shall perform this verification using the E-verify system (<http://www.uscis.gov/portal/site/uscis>). The Contractor's signature on this Agreement is the Contractor's certification that verification has and will be performed. The Contractor's signature also certifies that the Contractor is not an Iran linked business as defined in MCL 129.312.

FOR THE CONTRACTOR:

xx

Contractor

Signature of Director or Authorized Designee

Print Name

Date

FOR THE STATE:

MICHIGAN DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Signature of Director or Authorized Designee

Print Name

Date

Agreement Number: RFCAN xxx

Anticipated Total Agreement Value: \$XX

This Agreement will be in effect from the date of MDHHS signature through September 30, 2024. No service will be provided and no costs to the state will be incurred before xxx, or the effective date of the Agreement, whichever is later. Throughout this Agreement, the date of MDHHS signature or xxx, whichever is later, shall be referred to as the begin date.

1. PROGRAM REQUIREMENTS

1.1. Client Youth/Family Eligibility Criteria

a. Eligible Youth/Families Clients

Services provided by the Contractor under this Agreement are limited to those youth and families for whom MDHHS can legally provide care and services and for whom MDHHS makes a State payment.

County child-care funded youth referred to MDHHS for care and supervision by probate court but for whom MDHHS may have no legal responsibility to make a payment are also eligible clients.

b. Determination of Eligibility

MDHHS shall determine the youth and families' eligibility and document this in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

1.2. Referrals

The Regional Placement Unit (RPU) shall provide referral materials to the Contractor which complies with this agreement. The following steps will be completed by the RPU;

a. At the time of referral, the RPU shall provide the Contractor with a referral packet, which shall include:

- 1) A copy of the commitment order or placement and care order from the court, or appropriate documentation of authorization from the local law enforcement agency.

MDHHS shall not refer a youth for residential intervention placement prior to a fully executed Individual Service Agreement (DHS 3600). In event of an emergency placement, the DHS-3600 shall be fully executed no later than the first working day following the admission.

- 2) A copy of the Case Service Plan (DHS-441), and DHS-69 from prior placement(s) interventions if applicable. If any of these documents are incomplete at placement, the completed materials must be forwarded to the Contractor within 10 business days of the youth's placement.
- 3) A MiHealth card or the Medicaid recipient identification number, if the youth is active for Medicaid and the MiHealth card is not available. If the youth is to be enrolled in Medicaid, MDHHS shall provide a copy of the Medicaid recipient ID number to the Contractor as soon as it is issued or the status of the Medicaid ID number application of activation.
- 4) Educational reports, including transcripts, IEPs, testing and disciplinary reports when applicable and available.
- 5) Copies of valid Psychotropic Medication Informed Consent (DHS-1643) for current medications. Valid consents contain medication name, maximum recommended dosage, mental health diagnosis(es'), physician signature and **either** a signature of a consenting party or valid attestation of consent obtained verbally from a consenting party and witnessed by the Foster Care Psychotropic Medication Oversight Unit (for youth in outpatient or residential interventions services) or psychiatric hospital personnel (See FOM 802-1, Psychotropic Medication in Foster Care). The Primary caseworker/agency shall coordinate with the current medical provider to ensure the youth has a minimum of a 14-day supply of prescribed medications AND a prescription for all current medications, OR a 30-day supply of all medications.
- 6) Detailed documentation off the youths'/families' strengths, skills, assets including: hobbies, interests, talents, hopes, dreams, wishes and areas of interest to develop/further develop. Identify specific areas that will amplify joy, fun, and meaning for the youth/family.
- 7) Documentation of a youth's/families' health/behavioral health/social history including:
 - i. All psychiatric evaluations and all medication review documentation and laboratory reports from prior year (for youth working with psychiatric providers) OR most recent annual comprehensive examination and other focused follow-up visits and laboratory reports from prior year (for youth working with primary care providers).
 - ii. Documentation from any psychiatric inpatient treatment within the past year including admission examination, daily progress notes, laboratory reports and discharge summary.
 - iii. Documentation from all prior residential providers including initial evaluation and quarterly progress updates.
 - iv. .

- v. The youth's welfare history documentation (ISP, USP) from at least the last year.
 - vi. Medical records (annual examination and medical follow-up visits from the past year (these may be included in i. above if a primary care provider has also been providing mental health treatment))
- 8) Additional behavioral health/social history/needs, if applicable::
- i. Areas identified as a strength for the youth/family
 - ii. Current non-suicidal self-injuries.
 - iii. History of traumatic brain injury.
 - iv. Sexual orientation/gender identity expression.
 - v. Any information about medication use not covered in psychiatric and medical documentation.
 - vi. AWOLP history and risk.
 - vii. Current and historical social support.
 - viii. Behavior or aggression issues in the past year, including the timeframe in which these behaviors occurred.
 - ix. Behaviors of sexual aggression or acting out
 - x. History/recency of maltreatment/trauma.
 - xi. Substance abuse treatment history.

Sources for this information can include, but should not be limited to the following:

- i. Report from independent assessor.
 - ii. IEP and most recent educational testing
 - iii. Psychiatric examination and all medication review documentation
 - iv. Health care visits (annual exam and ongoing visits), laboratory studies from prior 1-2 years
 - v. Hospital admission, discharge, daily notes and laboratory studies
- 9) Youth's placement residential intervention history.
- 10) Treatment plans from prior residential interventions.
- b. Within 10 business days of a youth's admission, the referring caseworker/agency shall provide the Contractor with the following:
- 1) A photocopy of the birth verification or copy of the request for verification. MDHHS shall immediately forward a copy of the birth verification upon receipt.
 - 2) A photocopy of the Social Security Card or verification provided by MDHHS identifying the youth's Social Security Number.

- 3) A copy of the Medical Passport (DHS-221).
- 4) If available, a copy of the Youth Health and Dental Record or other documentation of physical and dental examination(s) within the past 12 months and history including immunization record. If the record is not available, the Contractor will ensure receipt of this information within the first 30 days of service delivery.
- 5) An Initial Placement Outline and Information Record (DHS-3307), if required, and other documentation required by MDHHS policy as specified in FOM.
- 6) Court studies and reports, when available.
- 7) Copies of all psychological/psychiatric reports, evaluations, assessments, medication monitoring visits related to mental health care.
- 8) Psychological assessments are not routinely required for intake decision-making. If the Contractor requests a psychological evaluation and the local MDHHS office agrees that a psychological evaluation is appropriate, the local MDHHS office shall arrange and pay for the evaluation within the allowable payment maximum.

If the local MDHHS office does not agree that an evaluation is necessary, the Contractor is responsible for arranging the evaluation. The cost of the evaluation may be billed to the youth's medical insurance provider if the service is covered, if not, the costs are covered by the per diem reimbursement rate.

- 9) A court order is required to place an adjudicated delinquent youth in a specific contracted abuse/neglect program. With a court order, placement exception request approval is required from DCWL.

1.3 Admission Criteria

The Contractor shall submit program information to DCWL, RPU, and Foster Care Program Office. The criteria as outlined in the Contractor's submitted program information shall identify the needs, behaviors and characteristics of youth and family for whom the Contractor can provide services. It is understood by both parties to this Agreement that the youth's/family's needs must be met by the Contractor upon acceptance. A refusal cannot be based on the youth's/family's diagnosis, acuity, criminal or sexual offender status, race, color, religion, national origins, sexual orientation, gender orientation, linguistic or cultural needs, or previous negative outcomes or experiences with this youth.

The Contractor shall accept all youth referred by the RPU that match the needs, behaviors and characteristics of youth as outlined in the Contractor's program information, unless exceptional circumstances exist.

1.4. Service Planning and Delivery

- a. MDHHS shall cooperate with the Contractor in completing the DHS-3600 for the youth/family and ensure the Contractor receives the DHS-3600 at the time of the youth's admission in the identified residential intervention.
- b. The primary Youth & Family worker/agency responsible for facilitating the residential intervention shall review and approve or request modification of the Contractor's Initial Service plan and each Updated Service Plan submitted by the Contractor.
- c. The primary caseworker/agency responsible for placement shall assure that the youth has a basic wardrobe, as defined and documented by the Clothing Inventory Checklist, DHS-3377 upon entering the Contractor's care.
- d. Intervention decisions should be made in collaboration with the youth, family, planning team which would include the Contractor and primary Youth & Family worker, at minimum.
 1. When any discharge decision is made without the Contractor's agreement, the primary caseworker/agency responsible for placement, except in emergencies or when constrained by a court order or parental demand, shall give at least 30 calendar days notification to the Contractor of the intended discharge.
 2. In the event that the Contractor provides a written notification of the decision to terminate a youth's residential intervention in 30 calendar days, the primary caseworker/agency provider responsible for placement shall:
 - i. Acknowledge receipt of the notification within five business days.
 - ii. Provide at least weekly contacts with the Contractor to advise of progress in arranging another placement.
 - iii. Arrange transfer of the youth from the Contractor's care within 30 calendar days, unless the primary

caseworker/agency provider supervising the placement and the Contractor agree in writing on a later date.

3. In the event that the Contractor provides a written notification requesting removal of a youth who is in danger to himself/herself or others, per the conditions specified in Section II., 2.10, u., 2) of this Agreement, the primary caseworker/agency provider shall assist with additional services to assist with the safety of the youth, and if necessary, identify and help transition the youth to another service consistent with his/her needs within 24 hours.
- e. The primary caseworker/agency provider responsible for placement shall visit the youth every month, which includes observing the youth's daily living and sleeping areas (FOM-722-06H, Caseworker Contacts). The Contractor shall allow the primary caseworker/agency provider responsible for placement to meet in private with the youth during a portion of each monthly visit.
- f. The primary caseworker/agency provider in coordination with the Contractor shall invite the Permanency Resource Monitor and the community based provider where the youth will be residing and will be referred to upon discharge to Family Team Meetings (FTM) when appropriate.
- g. The primary caseworker/agency shall work collaboratively with residential staff, the youth and the family, to make immediate and ongoing efforts to identify a community intervention that promotes permanency for the youth while in the residential intervention and upon discharge.
- h. If a primary caseworker/agency provider responsible for placement does not meet the responsibilities outlined in this Agreement, the Contractor shall notify the local MDHHS office County Director responsible for child welfare case management. If the dispute is not resolved, the Contractor is to contact the MDHHS Business Service Center Director for the County responsible for child welfare case management.

1.5. Legal or Court Related

MDHHS shall not transfer legal responsibility for any youth to the Contractor except as provided herein.

MDHHS shall involve the Contractor, to the extent allowed by law, in matters relating to any legal or court activities concerning the youth while in the Contractor's care. If the Contractor is to be involved in the court proceedings,

MDHHS will provide the Contractor with written reports for court use upon request, subject to confidentiality requirements imposed by statute.

The Contractor must ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.

2. CONTRACTOR RESPONSIBILITIES

2.1. Email Address

The Contractor authorizes MDHHS to use the contact information below to send Agreement related notifications/information. The Contractor must provide MDHHS with updated contact information if it changes.

Contact email address: |

2.2. Requests for Information

The Contractor may be required to meet and communicate with MDHHS representatives and MDHHS may require that the Contractor create reports or fulfill requests for information as necessary to fulfill the MDHHS' obligations under statute and/or Dwayne B. v. Whitmer, et al., 2:06-cv-13548, herein referred to as the Modified Implementation, Sustainability, and Exit Plan (MISEP).

2.3. Geographic Area

The Contractor will provide services described herein in the following geographic area: Statewide. To the maximum extent possibly, youth placed in a residential intervention will be placed in within or no greater than 100 miles outside their Area of Tie.

2.4. Licensing Requirements and Number of Youth in Care

The MDHHS Division of Child Welfare Licensing (DCWL) is the licensing agency for Child Caring Institutions (CCI). A license is issued to a certain person or organization at a specific location, is non-transferable, and remains the property of the Department. Therefore, an institution must be established at a specific location.

The Contractor shall ensure that, for the duration of this agreement, it shall maintain a license for those program areas and services that are provided for in this Agreement. If the Contractor does not adhere to this section, MDHHS may terminate this Agreement for default.

The Contractor is licensed to provide service under this agreement under the following license number: xxx

At no time shall the number of youth in care exceed the licensed capacity of the facility specified in the Contractor's license. On no day during this Agreement period, shall there be more than xxx youth in placement for whom MDHHS has the responsibility to make a State payment. MDHHS does not guarantee any minimum number of referrals or youth in care at any point in time. If the Contractor is able to admit more than the contracted number of youth (but not more than the licensed capacity), a Bed Cap Exception must be obtained through DCWL prior to placement.

2.5. Location of Facilities

The Contractor shall provide services described herein at the following location(s):

xxx

2.6. Program Name and Statement

Intervention Name:

xxx

Residential Intervention Type

xxx

The Contractor will provide MDHHS with copies of its program statements for the program covered under this Agreement. The program statement will adhere to the requirements of MDHHS DCWL standards specific to the license listed in Section 2.4 above and with all federal laws related to the combining of abuse/neglect and juvenile justice programs.

The Contractor will inform MDHHS of any changes made to the program statement at any point during the term of this Agreement and provide copies of the new statement to MDHHS.

2.7. Provider Numbers

MiSACWIS Provider Number:

xxx

Bridges Provider Number:

xxx

2.8. Credentials

The Contractor will assure that appropriately credentialed or trained staff under its supervision, including Contractor employees and/or subcontractors, shall perform functions under this Agreement.

The Contractor must include persons with lived experience (young adults, family members) in their intervention in formal roles (e.g. Peer Mentor, Family advocate), on their Executive Board, on agency committees, and in programming (e.g. hiring activities, workforce development / training, etc.)

2.9. Compliance Requirements

- a. The Contractor must comply with requirements of MDHHS policy Children's Foster Care Manual (FOM 912-912.1) and MDHHS policy amendments, including interim policy bulletins.
- b. Throughout the term of this Agreement, the Contractor must ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including interim policy bulletins) and applicable Administrative Codes to social service staff. The Contractor will ensure that social service staff adhere to all applicable requirements.

MDHHS policies, amendments and policy bulletins, are published on the following internet link: <https://dhhs.michigan.gov/olmweb/ex/html/>. Administrative Codes are published at on the following internet link: https://www.michigan.gov/lara/0,4601,7-154-89334_10575_17550---,00.html

- c. Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.

The above statement applies to all MDHHS supervised youth and families, and to all licensed and unlicensed caregivers and families that could potentially provide care or are currently providing care for MDHHS supervised youth/families, including MDHHS supervised youth/families assigned to a contracted agency.

- d. The Contractor shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Contractor shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building trust-based relationships with families and youth by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the family driven, youth guided perspective clearly articulated and identified in the treatment plan with explicit youth/family goals in their own words. For youth without identified family, treatment planning will prioritize and rapidly engage supportive adults involved with the youth.
- e. The Contractor will comply with the provisions of 2015 PA 53 once an assignment from MDHHS is accepted by means of;

- 1) Submitting to MDHHS a written agreement to perform the services related to the youth or individuals that the Department referred to the Contractor; or
- 2) Engaging in any other activity that results in the MDHHS being obligated to pay the Contractor for the services related to the youth or individuals that the Department referred to the Contractor.

The Contractor acknowledges that it has waived any legal protections under MCL 722.124e, MCL 722.124f, and/or MCL 710.23g to decline to provide such services based on an assertion that to do so would conflict with the Contractor's sincerely held religious beliefs contained within its statement of faith, written policy, or other document adhered to by the Contractor.

- f. The Contractor shall ensure compliance with all applicable provisions and requirements of the Dwayne B. v. Whitmer, et al., 2:06-cv-13548, Modified Implementation, Sustainability, and Exit Plan.
- g. Throughout the term of this Agreement the Contractor will maintain the residential intervention service 24 hours a day, 365 days a year as specified in the treatment plan for each youth and the youth's family accepted for care.
- h. The Contractor will ensure adherence to all provisions of the Family First Prevention Services Act (FFPSA) of 2018 (H.R. 1892) and all requirements of the Qualified Residential Treatment Program (QRTP) established within the Act as well as MCL 722.111 and MCL 722.13(c).
- i. If certified as a QRTP, the Contractor will be accredited by one or more of the following for the duration of the Agreement:
 - i. Council on Accreditation (COA)
 - ii. Commission on Accreditation of Rehabilitation Facilities (CARF)
 - iii. Joint Commission on Accreditation of Health Care Organizations (JCAHO)
 - iv. Education Assessment Guidelines Leading Towards Excellence (EAGLE)
 - v. Teaching Family Association (TFA)
 - vi. Other non-profit accreditation organization approved by the US Department of Health and Human Services QRTP listing.
- j. The Contractor will implement a trauma informed practice model that is certified/approved by the Foster Care Program Office initially in the application and annually in the Chief Administrator Annual Assessment, CWL-4607-CCI.

Additional Compliance Provisions

The contractor shall also comply with the provisions of:

- 1) 1984 Public Act, 114, as amended being M.C.L. 3.711 *et seq.*, Interstate Compact on the Placement of Children.
- 2) 1975 Public Act 238, as amended, being M.C.L. 722.621 *et seq.*, Child Protection Law.
- 3) 1982 Public Act 162, as amended, being M.C.L. 450.2101 *et seq.*, Michigan Nonprofit Corporation Act.
- 4) 1994 Public Act 204, as amended, being M.C.L. 722.921 *et seq.*, Michigan Children's Ombudsman Act.
- 5) 1973 Public Act 116, as amended, being M.C.L. 722.111 *et seq.*, Michigan Child Care Organization Act.
- 6) 1939 Public Act 288, Chapter X, being M.C.L. 710.1 *et seq.*, Michigan Adoption Code.
- 7) 1984 Public Act 203, as amended, being M.C.L. 722.951 *et seq.*, Michigan Foster Care and Adoption Services Act.
- 8) The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).
- 9) The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 *et seq.*
- 10) 1976 Public Act 453, as amended, being M.C.L. 37.2101 *et seq.*, Elliott-Larsen Civil Rights Act.
- 11) Fostering Connections to Success Act of 2008
- 12) Preventing Sex Trafficking and Strengthening Families Act, Federal PL113-183
- 13) Social Security Act, 42 USC 671(a)(20)
- 14) 2017 Public Acts 246 through 255, Michigan Opioid Laws
- 15) Rehabilitation Act of 1973, Section 504 Protecting Students with Disabilities
- 16) Free Appropriate Public Education (FAPE) as per the Rehabilitation Act of 1973
- 17) Individuals with Disabilities Act (IDEA)

2.10. Services to be Provided

Services provided under this Agreement shall be trauma informed, trauma responsive, and evidence-based, evidence-informed or identified as a promising practice to effect optimal outcomes.

A primary focus of residential intervention shall be to engage and support family members, caregivers identified as a permanent connection in learning the skills and supporting in identifying and connecting with resources and supports to ensure youth can live in the community successfully. For those youth with no identified permanent family and connection, the primary and urgent focus must be on permanency. Contractors must, in collaboration

with the primary youth/family worker/agency, work to identify and engage family members, caregivers, and permanent connections for youth in their programs. Unless agreed upon by the child and family planning team, including primary youth/family worker/agency and Contractor, that doing so would be harmful in the treatment of the youth, the Contractor shall be responsible for collaborating in establishing permanence for the youth.

A child welfare trauma-informed and trauma responsive approach understands and recognizes that youth and families engaged in residential intervention have experienced complex trauma, which can significantly harm individual and familial development. In response, the Contractor must educate youth, parents, families, and caregivers on the potential impact of trauma, particularly on development. The Contractor must screen youth and families for trauma based on requirements in this contract, refer or provide clinical trauma assessments as necessary, collaborate with mental health providers to link youth to evidence-based and supported trauma services, develop resiliency-based case plans and recognize the necessity of building workforce resiliency both at the individual staff and organizational levels.

The Contractor must build a workforce committed to the importance of permanency and the value of all youth needing to reside with family. Services must be delivered according to each youth and their family's assessed needs with interventions aligned with the identified needs and desirable outcomes; particularly those identified by the youth and by the family. Resources for evidence-based, evidence-informed interventions and promising practices for engaging and supporting youth and families can be found on the websites listed below, and in other best practice overviews.

- Building Bridges Initiative (BBI); www.buildingbridges4youth.org
- American Academy of Pediatrics; www.2.aap.org/commpeds/doch/mentalhealth/KeyResources.html
- SAMHSA's Evidence-Based Practices Resource Center; www.samhsa.gov/ebp-resource-center
- California Evidence-Based Clearinghouse for Child Welfare; www.cebc4cw.org
- The National Child Traumatic Stress Network; www.NCTSN.org
- American Academy of Child and Adolescent Psychiatry (AACAP); www.aacap.org.

The Contractor, within the constraints of the agency's Agreement, shall incorporate normalcy activities into the residential intervention such as activities that a youth/family in a community setting would have the ability to participate in. These activities must comply with the Reasonable and Prudent Parent Standard to help youth and families develop skills essential for positive development.

The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a youth's health, safety, and best interests while at the same time encouraging the youth's emotional and developmental growth. The caregiver must use the standard when determining whether to allow a youth in foster care including those participating in residential intervention to participate in extracurricular, enrichment, cultural, and social activities. The Contractor shall reference DHS-5331 to assist in determining the appropriate level of approval for such activities.

a. Residential Intervention

The Contractor must ensure that each youth in their care will be provided with the elements of residential intervention outlined in the MDHHS DCWL Child Caring Institution standards specific to the license listed in Section 2.4. of this Agreement.

Based on the recommendation from the independent assessment, which includes the youth's/family's needs and strengths as well as short and long term objective, measurable treatment goals, the RPU will refer a youth for placement in one of the following residential intervention specialty types:

- 1) General Residential
- 2) Mental Health Behavior Stabilization
- 3) Youth with Developmental Disability and Cognitive Impairment
- 4) Substance Use Treatment
- 5) Sexually Reactive
- 6) Mother/Baby
- 7) Specialized Unit for Youth with Intellectual and Developmental Disability
- 8) Crisis Stabilization

Definitions, symptoms, and program specific services which the Contractor must make available to each youth/family in its care are listed in Attachment A of this Agreement.

b. Initial Placement Assessment

For all youth placed with the Contractor on or after October 1, 2020, the Contractor shall not routinely accept placement of a youth from RPU unless they have a recommendation from an independent assessor that residential intervention is the least restrictive setting in which they can be served. Only in emergency situations, if an assessment has not been secured by the department prior to placement, the Contractor shall cooperate with the independent assessor and the primary caseworker/agency responsible for placement to ensure the youth receives the required independent placement assessment within 30 days of placement.

c. Standardized On-Going Assessment Tools:

The Contractor shall utilize the following assessment tools to assess the youth's needs and strengths while in the residential program:

- 1) Child Assessment of Needs and Strengths (CANS), Child and Adolescent Needs and Strengths (CANS), or Child and Adolescent Functional Assessment Scale (CAFAS), and
- 2) Casey Life Skills Assessment (CLSA) or Daniel Memorial Assessment (for youth 14 years of age and older).

The Contractor may utilize additional standardized and reliable assessment tools to assess overall progress in functioning. Additional program specific assessment tools are identified within each program type in Attachment A.

The Contractor shall administer the assessment tool(s) within 14 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 caseworker. Youth who are Absent Without Legal Permission (AWOLP) are considered an unplanned discharge.

Throughout the term of this Agreement the Contractor will provide services 24 hours a day, 365 days a year as specified in the treatment plan for each youth and the youth's family accepted for residential intervention.

The range of services specified within each residential care program type establishes a range and number of services to be provided. Services provided to each youth/family shall be individually determined based on the assessment and needs and shall be documented in the youth and family's treatment plan.

c. Referral and Intake Process

- 1) For Regional Placement Unit (RPU):

When considering a placement, a youth's demographics (age, gender and geographic home) and indicated need(s) must align with the Contractor's service description, in addition to the Regional Placement Unit (RPU) and the Contractor reporting that there is a current vacancy or vacancy expected that aligns with projected admission date.

The RPU shall assign youth to a Contractor consistent with FOM Policy, Michigan Administrative Codes, and applicable federal and state law(s).

The Contractor shall not admit any MDHHS supervised abuse neglect youth who are not assigned by the RPU.

The importance of maintaining youth and family connection must be considered when identifying a residential intervention location. Contractors must demonstrate specific daily practices that ensure youth and family permanency connections (communication, spending time together, etc).

2) For Secure Program Interventions:

The Contractor shall accept youth whose needs can be met in the program upon consensus with the primary caseworker/agency if vacancies exist.

3) For Non-Secure Program Interventions:

The Contractor shall accept youth whose needs can be met in the program upon consensus with the primary caseworker/agency if vacancies exist.

4) Contractor Request for Replacement

Replacement can be emotionally difficult for the youth and family. Replacement increases the likelihood that lengths of stay will increase, youth will not meet success in the community, and youth will not achieve permanency. The Contractor must demonstrate a comprehensive approach to anticipating and addressing the needs of the youth and family and any barriers presented in an effort to support the youth and family with relevant treatment goals that includes those identified by the youth and family.

A youth must not be moved to another program or facility without going through the RPU placement process. The assigned provider must continue residential treatment services for the youth and youth's family until the RPU or primary caseworker/agency assigns a new placement.

5) Youth's/Family's Needs Do Not Align with Contractor Services and Request for Change of Placement

A youth's residential intervention may only be changed upon completion of a reassessment of the youth's/family's functional status conducted by the independent assessor. If a Contractor feels that a youth should be served in a different program type, a request for change in type of residential intervention must be submitted within 45 calendar days of the youth's placement with the Contractor. The request for change in

residential intervention must be submitted in writing to the RPU and primary worker/agency and approved by the RPU Director and MDHHS child welfare director/county director. The request shall include: youth's identifying information, residential care program type recommended, reason for recommended residential care program change, how a new residential care program is in the youth's and family's best interest, discharge date, and plan to ensure an effective transition to the new residential program.

The Contractor shall receive a decision in writing from the RPU or primary caseworker/agency responsible for placement within 15 working days of receipt of the request.

6) Change of Placement Due to Safety Concerns for Youth and/or Staff

A Contractor that provides residential services in a non-secure setting may request a change in placement due to documented safety concerns for the youth, other residents and/or staff. The request for a change in placement from the Contractor's care due to safety concerns shall be submitted in writing to the RPU and the youth's primary caseworker/agency. The request shall include all of the following:

- Youth identifying information
- A detailed explanation of the problematic circumstance that prevents the Contractor from continuing care of the youth

7) Co-Location of Residential Intervention Program

Youth must not be moved from one residential placement or program to another, even within the same campus/area until the RPU or primary caseworker/agency has completed the re-placement process.

A new referral must be completed when a youth will remain with the same provider, but the youth would be best served in a different program with that provider including change of programming (e.g. Mental Health Behavior Stabilization to Substance Use), security level, etc. Information must be used from time the youth and family spent together, treatment team and treatment plans to collaborate with the Contractor to ensure the youth is benefitting from treatment.

8) Referral Packet

At the time of referral, the primary caseworker/agency shall provide the contractor with a complete referral packet as outlined in 1.2 Referral Packet of this Agreement.

9) Referral

- a) The Contractor must adopt a “no reject/no eject policy” and be prepared to accept all referrals to the residential intervention subject to capacity to admit
- b) The Contractor shall accept and act on referrals from RPU upon receipt of a complete referral packet. The referring primary caseworker/agency shall not be required to complete an application or other Contractor forms for inclusion in the agency case record or agency files or for any other purpose.
- c) The RPU shall be notified, within five working days of receipt of a complete referral packet, see Section 1.2, of:
 - i) the Contractor’s intent to set up an initial telephone or face-to-face interview with the youth/family
 - ii) the Contractor’s decision to accept or decline the referral (and valid rationale for the Contractor’s inability to effectively serve) the youth/family,
 - iii) the admission date or status on a waiting list.
 - iv) the Contractor’s outreach and engagement activities to be provided to the youth/family or current provider while awaiting admission to the residential intervention.
- d) The Contractor shall not accept a youth for placement prior to a fully executed Individual Service Agreement (DHS 3600). In event of an emergency residential intervention, the DHS-3600 shall be fully executed no later than the first working day following placement.

3) Intake

The Contractor shall develop an assessment-based treatment plan within 30 calendar days of placement. The treatment plan shall be consistent with the short and long-term treatment goals identified in the recommendation from the independent assessor and include the explicit treatment goals articulated by the youth and family. The Contractor shall document the assessment-based treatment plan on the identified Children’s Foster Care Residential Care Case Plan. The Contractor shall ensure that licensed/limited licensed clinical personnel (see requirements in Section 2.10 a,3,d,2,b conduct a bio-psychosocial evaluation, or review a recent bio-psychosocial evaluation (within the past year) that includes:

- a) Strengths, skills, and special interests.
- b) Permanency history
- c) Social history for youth, parents, and family.
- d) History and current experience of maltreatment and trauma.
- e) Mental status examination.
- f) Trauma screening and assessment results.

- g) Trauma informed and trauma responsive soothing/safety plan that details the trauma history, trauma triggers, and coping mechanisms to develop/build on.
- h) Intelligence and projective tests, as indicated.
- i) Behavioral assessment.
- j) Family, environmental, cultural, and religious or spiritual preferences.
- k) Educational and vocational goals and needs.
- l) Psychiatric history, as necessary.
- m) Specific behaviors and frequency of those behaviors that necessitate a more intensive treatment setting for the youth. Utilization of the Adverse Childhood Experiences (ACEs) results, if completed upon intake, shall also be incorporated in treatment plan development.
- n) Develop a resiliency plan that focuses on building positive peer and adult relationships, finding areas of skill, competency, joy and happiness and the strengthening of emotional regulation skills.

d. Staffing

The Contractor shall provide sufficient staff who are trained to provide and consistently demonstrate effective youth engagement that encourages youth to be empowered, educated, and given a decision-making role in the care of their own lives while creating a safe environment to adequately fulfill the terms of this Agreement. The Contractor will recruit and employ a diverse staff reflective of the Contractor's client population.

The Contractor shall designate individual(s) trained in making decisions using the reasonable and prudent parent standard and who are authorized to consent to the youth's participation in activities. A designated individual(s) is to be onsite to exercise the reasonable and prudent parent standard. The designated individual shall take reasonable steps to determine the appropriateness of the activity in consideration of the youth's age, maturity, and developmental level. The designated individual(s) is to consult with social work or treatment staff members who are most familiar with the youth at the residential program in applying and using the reasonable and prudent parent standard.

1) Youth Care

Youth care is defined as those activities necessary to meet the daily physical, social and emotional needs of the youth. Specific direct care staffing ratios are defined within each program category within Attachment A.

- a) Provide a minimum of a half-time (.5 FTE) Family Transition Coordinator position for every eight youth.

This position shall maintain community involvement, facilitate ongoing family voice and choice, and transition/permanency planning. This coordinator must demonstrate a strong commitment to achieving permanent connections for every youth, using Family Find/Family Search and Engage and other permanency methods to ensure permanency and a broad family/community support network is in place for each youth served. Permanency planning ensures regular contact between youth, families, siblings, and significant adults.

The Family Transition Coordinator shall also involve CMH, MDHHS Permanency Resource Monitor, MDHHS Education Planners, and other community providers, the family, work with the referring RPU or primary worker/agency to communicate, convene, partner and facilitate meetings such as FTMs, conduct ongoing relative search efforts, identify mentors for the youth and the family. The Family Transition Coordinator should be the "designated individual" to exercise the Reasonable and Prudent Parent Standard listed in the paragraph above and work in partnership with the family during the intervention.

The Family Transition Coordinator shall receive supervision from a clinical supervisor with demonstrated commitment to permanency and youth living with families in their homes and communities, who is passionate about family-driven care in practice and staff skills, and who has advanced clinical skills in a specific family engagement evidence-based, evidence-informed practice such as Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), or Motivational Interviewing (MI).

- b) Provide a minimum of a half-time (.5 FTE) Educational Specialist position for every eight youth.

The Educational Specialist must have a bachelor's degree in education or human services.

- c) Provide on-call Contractor senior-level support staff or contracted staff for emergency assistance available within 10 minutes at all times. This requirement is essential and must be assured every day, 24 hours per day, 7 days per week, 365 days per year. In addition, the Contractor must have a contingency plan of additional support in the event the on-call staff or contracted emergency assistance staff are unavailable.

2) Staff Education and Experience Qualifications

- a.) All program staff shall possess the following minimum qualifications prior to working with youth:
 - i. A non-judgmental, positive attitude toward youth with mental health and behavioral problems and their families.
 - ii. Training in working with youth and families by promoting positive engagement and interactions.
 - iii. Training in working with youth and families who have experienced trauma.
 - iv. Cultural and ethnic sensitivity, cultural humility, as well as diversity competency.
 - v. Knowledge of and skills in the area of mental health, substance use, problematic sexual behavior and child development.
 - vi. Skills in conflict avoidance, crisis prevention, early intervention and assessment of potentially violent situations, and de-escalation techniques.
 - vii. Training in safety planning and short-term goal setting.

- b.) Therapeutic interventions shall be provided by someone who is trained/certified in evidence-based trauma informed, trauma-responsive treatment:
 - i. Licensed Master's Level Social Worker
 - ii. Licensed Master's Level Counselor
 - iii. Limited License Master's Level Psychologist
 - iv. Licensed Psychologist, Ph.D.
 - v. Limited License Master's Level Counselor or Limited License Masters Level Social Worker under the supervision of a Licensed Counselor or a Licensed Masters Level Social Worker, Licensed Psychologist, PhD, or Psychiatrist.
 - vi. Psychiatrist trained to work with youth and families; Board Certified in Child/Adolescent Psychiatry is preferred.

If therapy services are subcontracted, the Contractor must ensure the subcontracted provider has the appropriate credentials and skills outlined in this Agreement in addition to training, experience and a conceptual approach to youth and families consistent with the intent of this contracted service.

3) Staff Training Requirements

The Contractor must choose a training practice model that fully operationalizes and translates the values of family-driven, youth-guided, trauma-informed/trauma-responsive, permanency, strong involvement with the home communities, and culturally and linguistically competent care outside of the residential setting. The training model shall have an urgent focus on permanency practices and engaging and working with families in their homes and in their communities towards successful and sustained reunification and positive functional outcomes.

The Contractor shall provide 50 hours of training during a new hire's first year of employment. The Contractor shall provide a minimum of 40 clock hours within the first 30 calendar days of employment. Sixteen of the 40 hours of training shall occur prior to direct care staff having contact with youth. The remaining hours shall be completed prior to the end of the first year of employment.

- a) Orientation shall include topics identified in R400.4128, as well as the Child Protection Law, Mandated Reporting Requirements, Family/Child/Youth Engagement, interpersonal communication, appropriate discipline, crisis intervention, effects of trauma, secondary trauma, MiTEAM Case Practice Model Overview, youth support ~~handling~~ and de-escalation techniques and basic group dynamics.
- b) A minimum of 25 hours per year of staff development shall be provided to direct care staff following the first year of employment.
- c) One training opportunity quarterly should be available on the topic of engaging youth and family to ensure ongoing development and support of knowledge and skills in this area. This does not have to be accomplished solely through traditional classroom or online training methods.
- d) Based on the assessment of a staff persons identified training needs, annual training topics shall be selected from but not limited to the areas identified in licensing rule R400.4128 and the following:
 - i. Youth-guided/family driven approaches.
 - ii. Working as part of a team.
 - iii. Relationship building.
 - iv. Family/Youth engagement, empowerment, and roles in care.
 - v. Youth/Family experiences of receiving services
 - vi. Customer skills and skill development.
 - vii. Understanding and analyzing problematic behaviors in context.
 - viii. Positive behavior and emotional support.

- ix. Individualized self-regulation strategies.
- x. Use of sensory integration and sensory modulation approaches to support self-calming
- xi. Partnering with youth and families on individualized approaches to support youth in following protocols and rules.
- xii. Interpersonal communication.
- xiii. Compassionate discipline, crisis prevention, early intervention, and youth ~~handling~~ support and de-escalation techniques.
- xiv. The significance of the birth family, value of spending time frequently each week in the home and community with family, importance of attachment and strengthening family relationships, impact of separation, grief and loss issues for youth in all levels of care, and youth's need for permanency.
- xv. Understanding and recognizing the emotional and behavioral issues and/or physical needs of youth who have experienced childhood trauma.
- xvi. Medication Management: Administration, monitoring, recording, secure storage, medication side effects and procedure for reporting side effects, weight/BMI, medication reviews and process for obtaining informed consents for medication changes.
- xvii. Race, equity, inclusion, cultural comfort, competency and humility.
- xviii. Trauma: prevalence, effects and treatment of trauma.
- xix. Suicide prevention and/or intervention.
- xx. Child/Adolescent/Young Adult Development.
- xxi. Trauma informed / trauma responsive practices.
- xxii. Strength-based, culturally sensitive and responsive interventions and interactions.
- xxiii. Preventing and defusing threatening behaviors.
- xxiv. Solution focused assessment and case planning.
- xxv. Secondary Trauma.
- xxvi. MiTEAM Case Practice Model.
- xxvii. Recognizing the needs of youth with diverse Sexual Orientation Gender Identity Expression (SOGIE) and how to positively support them.

All program staff will be trained to serve as a role model for appropriate social skills, prioritizing needs, supporting reasonable expressions of anger and demonstrating dispute resolution, conflict management and negotiation skills, showing how to access local resources, teaching hygiene and grooming skills, preparing

food/meals, and assisting with other essential activities of daily living..

All program staff shall be provided with quarterly trauma-focused program training to maintain a trauma-informed/trauma-responsive milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed or promising practice treatment model.

e. Reporting

- 1) The Contractor shall develop and submit to the primary caseworker/agency responsible for placement: all service plans, case summaries, incident reports, arrests, death notifications and other reports as **FOM 912** and the MDHHS DCWL standards specific to the Contractor's license specified in Section 2.4 of this Agreement. Service Plans shall be completed on the age appropriate treatment plan.
- 2) The Contractor shall submit a photo of the youth to the primary caseworker/agency responsible for placement taken at the time of placement. A copy of the photo shall be maintained in the youth's file and replaced with a new photo annually or whenever the youth's appearance has substantially changed. The Contractor shall submit a new updated photo to the primary caseworker/agency provider responsible for placement at least annually in an electronic format or a format which is suitable for scanning into an electronic file.
- 3) A transitional discharge plan shall be established within 30 days of placement and submitted to the primary caseworker/agency responsible for placement. Efforts toward discharge, including updated action steps, shall be discussed during quarterly FTMs at a minimum.

f. Restraint and Seclusion:

The Contractor shall not use Positive Peer Culture, peer-on-peer restraint, medication restraint, or any form of corporal punishment.

Personal restraint or physical management shall only be used as a last resort as an emergency procedure when an event/action is about to occur that will likely result in imminent serious physical harm to the youth or others. This shall only be used briefly until the youth has calmed. Each Contractor shall mandate physical techniques must only be used during emergency situations and end immediately when the youth has calmed. Prone restraint is prohibited under any circumstances.

Brief seclusion/isolation may only be used in emergency situations and only if essential to providing for the safety of the youth or others.

Emergency seclusion/isolation must not be used any longer than necessary to allow a youth to sufficiently calm and end the emergency seclusion/isolation event.

Without exception, even under extreme circumstances, significant repeated attempts must be made to prevent re-traumatizing the youth and utilizing restraint or seclusion. Within 2 business days of the restraint or seclusion/isolation, the circumstances surrounding the event must be processed with all involved staff/supervisors by a manager, supervisor or clinician that did not participate in the restraint or seclusion/isolation. The discussion must always include meaningful strategies to avoid future restraints or seclusion/isolation with an implementation plan.

The Contractor shall report the use of restraint and seclusion/isolation within 2 business days of the use of restraint or seclusion/isolation. The Contractor will utilize the MDHHS Incident Reporting Form in MiSACWIS to record all incidents of restraint and seclusion/isolation.

g. Transition and Discharge Planning

Transition and discharge thinking and planning must begin before the admission. The Contractor shall develop an initial transition/discharge plan within 30 days of placement. A review of the transition/discharge plan shall be completed within 30 days of intervention and every quarter thereafter. These plans shall be created in collaboration with the youth, parent or guardian, agency with placement responsibility, foster parents, relative caregiver, local community mental health providers, Permanency Resource Monitor and the assigned residential staff responsible for the creation and review (the FTC if assigned). Discussions relating to the development of the plan will include services the youth identifies for themselves, needed supports identified by the family, consideration regarding a referral to CMH for Wraparound up to 180 days prior to discharge, and formal and natural community supports to link the youth and family to prior to discharge. The youth's transition/discharge plan along with a projected date for discharge shall be included in each youth's/family's service plan. The youth's/family's transition/discharge plan will include the level of care projected to be needed at discharge. The plan will include recommended services, transfer of information (e.g. medical records, mental health records, etc.) and a graduated visitation schedule; an extended plan to spend time together as a family or with supportive adults.

The Contractor shall ensure the youth's/family's transition/discharge plan is current, reviewed and updated as necessary but no later than during quarterly team meetings. The youth will be engaged with their Lawyer Guardian ad Litem (LGAL) and/or other supportive adult should be included during all subsequent Family Team Meetings following admission.

h. Realignment of Program Type

A youth's residential intervention type may be changed upon completion of a reassessment of the youth's functional status and as recommended by the family and/or youth's treatment team. A request for change in residential care program type must be submitted within 45 calendar days of the youth's placement with the Contractor. The request for change in residential care program type must be submitted in writing to the primary caseworker/agency responsible for placement and approved by the MDHHS child welfare director/county director. The request shall include: youth's identifying information, residential intervention type recommended, reason for recommended residential care program type change, how the new residential care program type is in the youth's best interest, plan to prepare the youth for transition, and projected discharge date plan.

The Contractor shall receive a decision in writing from the primary caseworker/agency responsible for placement within 15 working days of receipt of the request.

i. Family Team Meetings

Family Team Meetings are an essential component of MiTEAM and serve as the primary forum for collaborative case planning for the youth and family. The overall goals of the Family Team Meetings are used to plan and review for the youth and family ensuring the youth/family receives an appropriate array and quantity of services necessary improve the youth's functioning and improve the social circumstance and decrease the problematic behavior that contributed to the decision to admit to a residential intervention and to prepare the youth/family to succeed in less intensive community based services after discharge.

Upon admission, the Contractor shall coordinate with the primary caseworker/agency responsible for placement, the family and the youth to identify members of the youth's team for ongoing participation in case planning Family Team Meetings facilitated by primary caseworker/agency. The Contractor shall incorporate relevant planning goals/action steps regarding the youth from previous Family Team Meetings into the Contractor developed initial case plan due 30 days from admission. The Contractor and youth shall participate in quarterly Family Team Meetings facilitated by the Contractor. Parents, caregivers, and supportive adults shall be invited to FTM's.

The Contractor shall coordinate with the primary worker/agency, a Pre-Meeting Discussion with the youth at least 24 hours prior to the Family Team Meeting. The Contractor shall participate with the youth in person

or via phone conference for all Family Team Meetings when appropriate for the youth to participate.

The Contractor shall work with the youth, family, treatment team, primary caseworker/agency and local CMH provider to assist the youth in developing meaningful connections to the youth's family, community and other non-family resources. These ties provide assistance and connections with caregivers to help meet the youth's relationship needs.

j. Legal or Court Related

The Contractor will work with and assist the primary caseworker/agency responsible for placement of the youth in matters relating to any legal or court activities concerning the youth. These activities may include, but are not limited to:

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

Safety of the youth must always be a priority concern when considering the youth's transportation needs. If determined that a youth is presenting safety concerns and is unable to be safely transported to a court hearing, the Contractor shall immediately notify the youth's LGAL and the primary caseworker/agency responsible for the youth's placement.

k. Absent Without Legal Permission

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

Once determined that a youth is AWOLP from the placement, the Contractor shall:

- 1) **Immediately** notify law enforcement agencies that the ward under their care has failed to return at the expected time.
- 2) **Immediately** file a missing person report with law enforcement.
- 3) **Immediately** notify the local office the primary caseworker/agency responsible for placement or designee of the youth's AWOLP status.

The Contractor and primary caseworker/agency are expected to discuss the factors that led to the youth leaving placement, the plan to alleviate these

factors, and the activities of the youth while AWOLP, including if the youth was a victim of trafficking so that necessary services and treatment can be implemented. It is imperative that the Contractor and primary caseworker/agency communicate closely regarding any service needs subsequent to an AWOLP youth being trafficked consistent with SRM 300 Human Trafficking of Children and the MDHHS Human Trafficking of Children Protocol.

I. Independent Living Preparation

Independent living preparation is defined as a comprehensive and coordinated set of activities that will assist all youth in preparing for a state of independence or self-sufficiency in areas of housing, employment, financial and personal care.

The Contractor shall provide Independent Living activities for all youth 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.

The Contractor shall identify independent living activities in the youth's DHS-365 and DHS-366 regularly, following the youth's 14th birthday, according to the FOM 722-03C, Older Youth: Preparation, Placement, and Discharge. For youth with developmental disabilities who are not capable of full independence, the Contractor shall provide relevant adult self-care, daily living skills, community engagement and mobility skills within the aforementioned domains.

m. Individual or Group Therapy

The Contractor shall provide at least weekly direct therapy services for each youth individually and/or in group sessions. If the youth is provided with group therapy, then at least one session out of four must be an individual therapy session. Individual and/or group therapy shall be provided in accordance with the youth's treatment needs as identified in the youth's service plan.

n. 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 pre-admission, through the admission process, during the intervention, through transition, discharge, and aftercare. Families and caregiver(s) shall be supported and involved in all aspects of the youth's/family's treatment and transition/discharge planning. Family and caregiver(s) involvement shall remain the center of the youth's

programming. All services shall be provided in a manner that ensures youth, families and placement caregiver(s) receive comprehensive, culturally competent interventions.

The Contractor shall, in accordance with each youth's individual treatment plan:

- 1) Include the family (birth, relative, identified adult support and/or permanent caregiver) in the development of the treatment plan and specifically document the family's involvement in the service plan.
- 2) Provide a method to ensure the opportunity for daily contact between family and youth, when safe and therapeutically indicated for the youth to have contact with their family.
- 3) Provide transportation and flexible hours to meet the family's time schedule to facilitate the family's accomplishment of the treatment goals. Transportation is defined as any travel, including travel for family time, required by the youth or family for treatment purposes which occurs in the Contractor's geographic area to be served, that may not reasonably be provided by the parents or other funding source. The Contractor shall coordinate/collaborate with the primary caseworker/agency responsible for placement to resolve transportation and location barriers.

If the distance of a family from the agency is identified as a barrier, describe the agency's plan to reduce the barrier to ensure ongoing family contact as outlined in the FOM 722-06I, Maintaining Connections Through Visitation and Contact. (Note: The primary emphasis needs to be working with the family in their home and community)

- 4) Provide an identifiable area for youth and family to spend time together which offers privacy and comfort when it is safe and in the best interest of the youth to do so.
- 5) In collaboration with the primary caseworker/agency responsible for placement, ensure weekly sibling involvement and time together and other required sibling interaction as outlined in FOM 722-06I, Maintaining Connections through Visitation and Contact, and provide supported intervention, based on the youth's treatment needs, to encourage and strengthen sibling relationships unless the primary caseworker/agency indicates it should not occur.
- 6) Include a specific plan to address the family's needs, to assist the family in meeting the needs of the youth in placement, and to attain the family goals, as well as delineation of roles of the Contractor, assigned caseworkers, and family to accomplish these goals. The Contractor shall coordinate with the primary caseworker/agency responsible for placement to identify, recruit and prepare any identified family for eventual placement or involvement with the youth.

- 7) Withholding of family contact (in any form) as a method of discipline is prohibited.
- 8) Ensure the youth is present for identified special recruitment activities for youth available for adoption without an identified adoptive family. In addition, the Contractor must aggressively pursue Family Finding/Family Search and Engagement practices for every youth in placement for whom there is no identified family. If age appropriate, the youth shall also be involved in adoption recruitment and planning activities. If there are safety concerns or other identified treatment concerns, the Contractor shall consult with the assigned primary caseworker/agency responsible for placement.

o. Religious and Cultural Expression

The Contractor shall respect the religious and cultural expression preferences of the youth and the youth's parent(s) or legal guardian/family.

The Contractor shall ensure each youth is afforded opportunities to attend religious services or activities in the youth's religious faith of choice. The Contractor shall arrange for or ensure reasonable means are provided for transportation of a youth to services or activities on or off site. Safety of the youth must always be a priority concern when transporting and supervising youth.

The Contractor shall not require or coerce a youth to participate in religious services or activities, shall not discipline, discriminate against, or deny privileges to any youth who chooses not to participate. The Contractor shall recognize and take into consideration the racial, cultural, ethnic and religious backgrounds of a youth when planning various activities or religious activities.

p. Education

The Contractor shall ensure every youth is provided with appropriate educational services. Such services shall be provided in accordance with the requirements set forth in the FOM and MDHHS Division of Child Welfare Licensing standards for the license specified in Section 2.4 of this Agreement, and as detailed in the Implementation, Sustainability, and Exit Plan

In addition, the contractor shall:

- 1) Collaborate with the youth's identified school to screen for possible educational disabilities; and if a disability is suspected, refer the youth for an Individual Education Program Team (IEPT) evaluation within the

- first 30 calendar days to assess, plan and place the youth in the most appropriate educational/vocational program.
- 2) Request prior educational assessments within 30 calendar days of placement to assist in assessing the current educational needs. Documentation of diligence in requesting records must be included in the youth's file.
 - 3) An exit review of the educational plan shall be initiated at least 30 calendar days prior to discharge and forwarded to the primary caseworker/agency responsible for placement.
 - 4) Assure that program staff is available to the school program in crisis situations to assist in managing the crisis or to call for assistance.
 - 5) Notify the school administration where the youth is enrolled, in writing, of the name of the person who is supervising the youth'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 youth's foster care case record.
 - 6) Provide or arrange structured educational and/or vocational activities for youth suspended from or expelled from school, or who have passed their General Education Development (GED) test, (i.e., structured homework time, additional reading or writing activities, online educational programming, independent study assignments and independent living skills). This shall include Free Appropriate Public Education (FAPE) to all students with disabilities.
 - 7) Take an active role in monitoring and maintaining school progress (including documenting a minimum of weekly contact with the school monitoring the youth progress) for youth whether or not they attend a structured school program. Interventions may include, but are not limited to, obtaining school assignments, monitoring completion of homework, supporting test preparation, capturing and reporting grades and test scores when and where available, and additional tutoring.
 - 8) Provide tutorial services to a youth, as necessary, based on the youth's Individualized Education Plan (IEP) or treatment plan. Tutorial staff must have appropriate educational credentials to provide tutorial services. Appropriate educational credentials are determined by the Contractor's Educational Specialist. Tutorial services shall not be a substitute for special education and related services.
 - 9) Provide advocacy and service planning for youth that are expelled or suspended including actively engaging the youth's family in the advocacy and planning process.
 - 10) Be in compliance with Michigan's Department of Education rules and requirements if they operate a school on the Contractor's ground.
 - 11) Whenever possible, maintain enrollment in the youth's school of origin.
 - 12) Assess the family's educational background and capacity to support the youth's education service needs and coordinate with the primary caseworker/agency to refer family members to relevant adult education programming as indicated, when appropriate.

q. Medical and Dental Care

The Contractor shall assure that each youth receives routine and non-routine medical and dental care as required in the FOM 801, Health Services for Foster Children and the MDHHS DCWL standards for the license specified in Section 2.4 of this agreement and as detailed in the Implementation, Sustainability, and Exit Plan. The Contractor shall provide all medical and dental information to the assigned primary caseworker/agency responsible for placement to facilitate maintenance of the Medical Passport (DHS-221). In addition, the Contractor shall assure that specific health care is provided, including:

- 1) Rehabilitative, physical, vision, or dental procedures by medical personnel as necessary.
- 2) Utilization of enrolled Medicaid providers or a board-certified physician or dentist volunteering their time for health procedures.
- 3) Provision of medication as prescribed by a treating physician. Agency must have a Standard Operating Procedure for dispensing and storage of medication.
- 4) Special diets provided as needed and regularly reassessed utilizing appropriate specialized personnel. Any youth who is determined to be obese/underweight shall have a plan to address their weight, health and well-being.
- 5) Registered or licensed nursing staff on-site and/or available 24/7. The nursing staff must be available (within 60 minutes) to the Contractor at all times. The Contractor may sub-contract the nursing services required in this Agreement.

The Contractor shall forward the above required examination reports and assessments to the primary caseworker/agency within five working days of completion.

r. Wardrobe/Personal Possessions

The Contractor shall assure that each youth has an adequate wardrobe as defined by and documented on the Clothing Inventory Checklist (DHS-3377) while in placement and upon leaving placement. When the youth is absent or at the conclusion of the placement, the Contractor shall have a process in place to keep the youth's wardrobe and possessions safe until claimed by the youth or primary caseworker/agency. If the possessions are not claimed within 90 calendar days, the Contractor may dispose of the items at its discretion.

s. Recreation Activities

The Contractor shall provide daily access to appropriate recreation activities as defined by MDHHS DCWL standards for the license specified in Section 2.4 of this Agreement.

t. Behavioral Health Services

The Contractor shall provide the following in accordance with the treatment plan for each individual youth. The costs of these elements may be billed to the youth's medical insurance provider if the service is covered. If not, the costs are to be covered by the per diem reimbursement rate:

1) Psychological Services

Psychological services are defined as various professional activities or methods, provided by a licensed Masters Social Worker, licensed Professional Counselor, licensed psychologist or a limited licensed psychologist, including therapy with youth individually or in groups, consultation with staff, administering and interpreting psychological tests and work with families.

- a) The Contractor shall provide psychological services to an individual youth on an as needed basis, per the youth's Residential Initial Treatment Plan or Residential Updated Treatment Plan.
- b) The Contractor shall provide psychological testing as necessary for assessment and treatment planning. Only professionals trained to administer and interpret psychological tests and whose license includes psychological testing in the scope of practice shall be allowed to provide this service.
- c) The Contractor shall provide psychological consultation to staff as necessary to assist staff in understanding the youth's background or needs, test results, implications for treatment and interventions most appropriate for the youth/family.

2) Psychiatric Services

Psychiatric services are defined as various professional activities or methods, performed by a licensed physician with expertise in mental/behavioral health care as evidenced by:

- a) Certification in Youth and Adolescent Psychiatry by the American Board of Psychiatry and Neurology (ABPN), or

- b) Certification in general psychiatry by the ABPN and clinical experience with children and adolescents.
- c) Services may include diagnostic assessment, individual psychotherapy with evaluation and management, medication review with minimal psychotherapy, individual or group therapy with the resident(s) and consultation with agency staff. Telepsychiatry may be used when a local psychiatrist is not available. If telepsychology is utilized the provider must follow general clinical guidelines for this technology. All services (in-person or telepsychology) must be HIPAA compliant.
 - i. The Contractor shall provide psychiatric services to an individual youth, on an as needed basis, according to the youth's treatment plan. The Contractor shall engage the parent(s)/family, medical and educational staff and any other relevant individuals involved in the youth's treatment in the initial and ongoing evaluation process.
 - ii. The Contractor shall provide psychiatric consultation or supervision of Contractor staff as necessary to assist staff in understanding the results of the psychiatric evaluation(s), implications for the youth's treatment and identification of treatment interventions most appropriate for the youth.
 - iii. Psychotropic Medication must be prescribed or adjusted by a youth's psychiatrist or a psychiatrist with experience working with the youth or the youth's primary care physician if a psychiatrist is not available via telepsychiatry. For youth in temporary custody, the youth's parents/family must be engaged in the consultation either in person or by phone conference **witnessed by the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU). For state wards, the youth's caseworker must be engaged in the consultation either in person or by phone conference witnessed by the FC-PMOU.** Appropriate consent must be obtained for administration to a youth of each psychotropic medication. The Contractor shall follow FOM 802-1, Psychotropic Medication in Foster Care.
 - iv. Within 30 calendar days of the youth's placement, if necessary, from the youth's treatment plan, the psychiatrist must assess the youth and coordinate with the licensed clinical personnel completing the

psychosocial assessment. The psychiatrist shall review the youth's medication history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.

- v. After the first 45 calendar days of a youth's placement, the psychiatrist shall review the youth's current medical and psychiatric needs and prescription or adjustment of medications and dosage as necessary.
- vi. Within 24 hours of admission, a telephone call between the nursing staff and/or the consulting psychiatrist, at a minimum, is to be held. The conversation must include:
 - a. A review and reconciliation of all medications.
 - b. The supply of medication that is accompanying the youth, including medications, prescriptions, or refills available to fill or transfer.
 - c. The overall health status of the youth, including current treatment and any diagnostic work up that will not be complete at the time of transition.
 - d. A list of any ongoing laboratory or other monitoring required because of current treatment; for example, complete blood counts required for individuals taking clozapine.

The nurse from the receiving program will document the call as a nursing note that will be kept in the youth's record.

Within 24 hours of the youth's entry to the receiving program, the nurse from the receiving program will reconcile the information documented during the nursing call and the transmission packet supplied when the youth comes to the program, contacting the referring program nurse to resolve any discrepant information. The reconciliation process will be documented in a nursing note.

When a youth is admitted from a community placement, the nurse from the receiving program will review the transmission packet supplied on admission and resolve any discrepant information or questions with the nursing staff from the transferring program(s) by the first business day following admission. Any conversation/correspondence will be documented as a nursing note that will be kept in the youth's record.

u. Transition Service Following Discharge

1) Planned Discharge

In addition to aftercare requirements outlined in Section 2.11, the Contractor shall provide the following transition services to youth discharged from the program in a planned discharge:

- a) Submit a discharge service plan to the RPU or primary caseworker/agency responsible for placement utilizing the DHS-69, which complies with the requirements of the MDHHS DCWL standards specific to the Contractor's license specified in Section 2.4 and also contains a summary of services provided during care.
- b) Maintain communication and coordination with CMH (if involved) or coordinate with the primary caseworker/agency at least 180 days prior to discharge to make a referral to Community Mental Health (CMH) for assessment and case management/Wraparound services and continue coordination with CMH until discharge. If the youth does not meet eligibility requirements for CMH services, maintain transition psychosocial services as outlined in section 2.11 until the youth is scheduled to attend an initial appointment with a community based psychosocial service provider. Document services needed to continue to meet the youth's needs and identified providers for such services in order to provide continuity of services.
- d) Provide a complete list of the youth's medications including those used routinely and on an as needed (PRN) basis. This list must be generated from the medication administration record used to administer medications and must be reviewed and reconciled by the facility nurse. This list must be generated a reconciled no more than 48 hours before discharge.
- e) A list of the medications supplied on discharge including (as applicable):
 - i. Prescriptions for medications sent with the youth (minimum 30-day supply).
 - ii. Prescription refills (minimum 30-day supply) available for transfer from the pharmacy at discharge.
 - iii. Medications supplied in packaging (minimum 30-day supply).
 - iv. If a youth is taking clozapine and the pharmacy will not dispense a 30-day supply, the prescription should include refills sufficient to provide a 30-day supply once Clozapine REMS- required lab work is obtained/documented.

- f) Copies of psychiatric care documentation including the initial psychiatric evaluation, all medication review documents and any related documents, e.g. documented correspondence about psychiatric care.
- g) Copies of medical examinations including comprehensive (yearly) health examinations, and acute care visits.
- h) Copies of laboratory and all other diagnostic studies conducted while the youth was in the facility.
- i) Assessment documents including those conducted as part of the intake process, and any assessments conducted for the purposes of treatment planning.
- j) Initial and updated treatment planning documents for the entire period of stay.
- k) A statement for each youth receiving psychotropic medication, including the name of the youth's next treating psychiatrist/primary care physician, date of last medication review, date of last signed informed consent, date of medication review following discharge (within five days of discharge), and date the psychiatric information was provided to the next psychiatrist/primary care physician.
- l) Provide a complete Medication Administration Record which includes the youth's medical information and medication regime, signed by the Contractor's medical staff or clinical supervisor, and at least a 30 day supply of medication or prescription to the responsible party at the time of discharge.
- m) Assign a social services worker to maintain contact with the youth and family for the first 30 calendar days following discharge, if the youth is placed in a family setting. Contact shall include at least two home visits within the 30-calendar day period and at least one successful phone contact per week to both the parent and youth for 30 calendar days following discharge to assist in re-establishing family equilibrium.

For youth placed in a family setting out-of-state or within the state more than 150 miles from the residential facility, the Contractor shall make two successful face to face contacts via Skype or through other software technology and at least two ~~one~~ successful phone contacts per week to both the parent and youth for the first 30 days following discharge and more contacts as indicated.

This shall be completed in accordance with the youth's/family's individual treatment plan.

- n) Provide the assigned RPU or primary caseworker/agency with a written report utilizing the DHS-69 with an assessment of the youth/family situation at the end of the 30 day transition period (90 days for MHBS Programs only) and summarize the Contractor's services, contacts, concerns, and agency and family activities needed to achieve unmet goals and objectives. This shall be provided within 60 days (105 days for MHBS Programs only) after the youth's discharge date.
- o) The packet may be sent by fax to the appropriate recipients, or paper copies may be transferred by the caseworker or other person transporting the youth to the next placement. Document the transmission of the packet.

2) Unplanned Discharge

An unplanned discharge shall be defined as one of the following:

- a) When the Contractor requests removal of the youth from placement prior to the youth successfully achieving the treatment goals. The Contractor shall continue services to the youth/family for a period of up to 30 calendar days following written notification to the referring RPU or primary caseworker/agency responsible for placement of the decision to discharge the youth from placement.
- b) An immediate (within one day or less) move of the youth from the Contractor's program to another program/facility as directed by the court or RPU or primary caseworker/agency responsible for placement.

In the event of an unplanned discharge, the Contractor and RPU or primary caseworker/agency shall identify the specific treatment needs of the youth and possible alternative placements.

The Contractor may request the primary caseworker/agency to remove a youth from the Contractor's program in less than 30 days if the following conditions are met:

- i. The behaviors or their intensity that endanger the youth or others were not made known to the Contractor before admission, **And**

- ii. The behavior considered dangerous to self or others is significantly deviant from what the Contractor has specified as acceptable.

And

- iii. The youth physically assaults other persons and staff resort to restraint use to prevent harm to self or others, **Or**
- iv. The youth makes a suicide attempt and hospitalization is necessary.

In cases of unplanned discharge, the MDHHS RPU or primary caseworker/agency shall respond to the request for new placement within 15 business days to ensure the health and safety of the youth and the well-being of other youth in the program. If the youth poses a threat of harm to self or others, the Contractor may request and be approved to provide 1:1 staffing ratio once replaced. The request for 1:1 staffing must be requested in writing to DCWL by email or fax from the RPU or primary caseworker/agency after consultation and a written request for 1:1 from the Contractor. If approved, the 1:1 staffing will only be approved while conditions i. and ii. above continue to exist.

Note: If the youth is hospitalized in a psychiatric hospital, once stabilized it is expected that the youth would return to their residential care program unless there is documentation and a clear rationale as to why this cannot occur.

- c) When any youth is transitioning out of the residential intervention to any other place of care, the current Contractor ~~facility~~ will provide a health packet within five days to go to the next treatment providers including the residential/shelter team (if applicable), psychiatric and primary care. This packet will include:
 - a) A complete list of the youth's medications including those used routinely and on an as needed (PRN) basis.
 - b) A list of the medications supplied on discharge including (as applicable):
 - i. Prescriptions for medications sent with the youth (minimum 30-day supply).
 - ii. Prescriptions refills (minimum 30-day supply) available for transfer from the pharmacy at discharge.
 - iii. Medications supplied in packaging (minimum 30-day supply).

- iv. If a youth is taking clozapine and the pharmacy will not dispense a 30-day supply, the prescription should include refills sufficient to provide a 30-day supply once Clozapine REMS- required lab work is obtained/documented.
- c) Copies of psychiatric care documentation including the initial psychiatric evaluation, all medication review documents and any related documents, e.g. documented correspondence about psychiatric care.
- d) Copies of medical examinations including comprehensive (yearly) health examinations, and acute care visits.
- e) Copies of laboratory and all other diagnostic studies conducted while the youth was in the facility.
- f) Assessment documents including those conducted as part of the intake process, and any assessment conducted for the purposes of treatment planning
- g) Initial and updated treatment planning documents for the entire period of stay.

The packet may be sent by fax to the appropriate recipients, or paper copies may be transferred by the caseworker or other person transporting the youth to the next placement. Document the transmission of the packet.

3) Special Discharge Instructions

- a) When a youth transitions from a residential program to a hospital (general medical or psychiatric), the nurse from the residential program will contact the hospital nursing staff (emergency department or floor/unit to which the youth is admitted) to coordinate care. This conversation must include:
 - i. A review and reconciliation of all medications.
 - ii. The overall health status of the youth, including current treatment and any diagnostic work up in progress at the time of transition.
 - iii. A list of ongoing laboratory or other monitoring required because of current treatment; for example, complete blood counts required for individuals taking clozapine.

This call must occur prior to or at the time of the transition. The call will be documented as a nursing note and maintained within the youth's residential record.

- b) The residential facility nursing staff will communicate with consulting physicians/health care providers (general health and psychiatric) within one business day of any of the following transition events:
 - i. From inpatient medical or psychiatric care to the residential program.
 - ii. From the residential program to an emergency department for potential admission for medical or inpatient psychiatric care.
 - iii. From another clinical site to the residential program.

- c) The communication between the residential nursing staff and consulting physicians/health care providers shall include:
 - i. A summary of the nurse to nurse consultation.
 - ii. Current status of the youth, including any concerns, e.g. level of alertness, side effects, ongoing diagnosis or treatment that will need attention/orders prior to psychiatric evaluation.
 - iii. Review of current medication supply/needs prior to scheduled psychiatric evaluation.

The communication will be documented as a nursing note and will be co-signed by the physician/health care provider within five business days, either by fax transmission of a paper health record, or by electronic signature within an electronic health record. The document will be kept in the youth's health record.

2.11 Aftercare Services

- a) Aftercare services must be provided for each youth who received residential services contracted by MDHHS. Aftercare services must continue for a duration of 6 months post discharge and must be provided to youth who are discharged into a community setting; this excludes discharge to another CCI, shelter, hospital, detention, or jail.

Aftercare services are not required to be provided if the youth was in the facility for 14 days or less, or if the independent initial assessment determines that the youth should be served in the community and that youth is discharged from the facility within 30 days of entry.

- b) For families living outside a 90-mile radius from the facility, the Contractor may subcontract or partner with another agency who is in the family's community. If the family is outside of the 90-mile radius and services are subcontracted, the Families Transition Coordinator (FTC) is responsible for ensuring the required services are being provided and the aftercare residential report is completed and submitted.

- c) The contractor must have a Families Transition Coordinator (FTC) that must be assigned to a youth's case prior to the youth exiting the program. The FTC must have a caseload of no more than 1:16.

At a minimum, the FTC shall have a bachelor's degree in a human services field from an accredited university.

- d) Service Levels

- i. Level 1: Level 1 after care services to be provided when the youth has services being provided in the home by Community Mental Health (CMH), Prepaid Inpatient Health Plan (PIHP), or other services approved by program office.

The Contractor shall:

- 1. Be responsible for assessing the youth and family for any needs that are not being covered by CMH and completing the appropriate referrals.
- 2. Participate in CMH Wraparound meetings with the team, if appropriate.
- 3. Regular, minimum of monthly, contact with the CMH service provider for updates on the youth.
- 4. The first contact must be completed within five business days of discharge from the facility
 - a) Two times within the first 30 days post discharge.
 - b) One time per month for the remaining months.

- ii. Level 2: Level 2 after care services to be provided when the youth does not have services provided by CMH, another plan, or a service approved by program office.

The Contractor shall:

- 1. Be responsible for assessing the youth and family for needs and completing appropriate referrals.
- 2. Provide crisis on-call services
- 3. Provide therapeutic/psychiatric services as identified by the youth's treatment plan.
- 4. Offer activities, classes, or other programs for the youth and the family to participate in.
- 5. Assess the need for CMH services and assist with facilitating services.
- 6. The first face to face contact must be completed within five business days of discharge from the facility.
 - a) One time per week for the first 30 days post discharge.
 - b) Two times per month for the second month post discharge.
 - c) One time per month for the remaining months.

d) Face to face contacts may be made by the FTC or therapist.

e. Assessments and Reports

The Families Transition Coordinator shall complete a residential aftercare report at 30, 90 and 180 days after a youth's discharge from the facility. All reports must include any clinical assessments and treatment goals. The reports are due to the primary caseworker/agency no more than 15 days after completion.

2.12. Program Performance Objectives

During the contract period, the Contractor shall track performance outcomes. The Contractor shall submit the data to Program Office quarterly on the Residential Treatment Intervention Scorecard provided by MDHHS. This data will be used for the purpose of identifying trends and focusing on quality improvement.

The following performance outcome, included in the scorecard, will be tracked for compliance:

a) Substantiated allegations of maltreatment by staff of the provider.

2.13. Audit Requirements

Contractor/Vendor Relationship

This Agreement constitutes a contractor/vendor relationship with MDHHS. The Contractor must immediately report to the MDHHS Bureau of Audit any audit findings of fraud, ongoing concern, financial statement misstatement, or accounting irregularities, including noncompliance with provisions of this Agreement.

2.14. Financial Audit Requirements

a. Required Audit or Audit Exemption Notice

Contractors must submit to the Department either a Single Audit, Financial Statement Audit, or Audit Exception Notice as described below. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDHHS-funded programs, and management letter (if issued) with a response.

1) Single Audit

Contractors that are a non-profit organization and that expend \$750,000 or more in federal awards during the Contractor's fiscal

year, must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of Title 2 Code of Federal Regulations, Subpart F.

2) Financial Statement Audit

Contractors exempt from the Single Audit requirements with fiscal years that receive \$750,000.00 or more in **total funding** from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).

3) Audit Exemption Notice

Contractors exempt from the Single Audit and Financial Statement Audit requirements (1 and 2 above) must submit an Audit Exemption Notice that certifies these exemptions. The template Audit Exemption Notice and further instructions are available at <http://www.michigan.gov/mdhhs> by selecting Inside MDHHS menu, then MDHHS Audit, then Audit Reporting.

b. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Contractor's fiscal year by e-mail to the Department at MDHHS-AuditReports@michigan.gov. The required submissions must be in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

c. Penalty

- 1) If the Contractor does not submit the required Single Audit or Financial Statement Audit, including any management letter and applicable corrective action plans within nine months after the end of the Contractor's fiscal year, the Department may withhold from the current funding an amount equal to five percent of the audit year's contract funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld as a penalty if delinquency reached 120 days past due. The Department may terminate the contract if the Contractor is 180 days delinquent in meeting the audit requirements.
- 2) Failure to submit the Audit Exemption Notice, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's funding until the Audit Exemption Notice is received.

d. Other Audits

The Department or federal agencies may also conduct or arrange for “agreed upon procedures” or additional audits to meet their needs.

2.15. Cost Reporting

The Contractor shall submit annual financial cost reports based on the state’s fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this agreement to MDHHS youth/families for the reporting period. Costs for non-MDHHS youth are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Contractor must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS. Reports shall be submitted electronically to MDHHS-Foster-Care-Audits@michigan.gov with the subject line: RFCAN Cost Report.

Failure to meet reporting responsibilities as identified in this agreement may result in MDHHS withholding payments until receipt of annual financial cost report. MDHHS may withhold from current payments an amount equal to five percent of the Contractor’s reporting year MDHHS revenue (not to exceed \$60,000) until the required filing is received by the Department. MDHHS may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. MDHHS may terminate the contract if the Contractor is ninety (90) days delinquent in submitting the required annual financial cost report.

2.16. Service Documentation

The Contractor agrees to maintain program records required by MDHHS, program statistical records required by MDHHS, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, MDHHS.

2.17. Private Agency MiSACWIS

The Contractor shall ensure that residential payment staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the “MiSACWIS application.” Requirements for MiSACWIS for CCI contracts may be found at http://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html

2.18. Billing

The Contractor shall submit through the MiSACWIS system the bi-weekly roster for any youth in the Contractors care per the instructions within the MiSACWIS

system. The billing shall only indicate the units of service provided by the Contractor and shall be submitted to MDHHS within 30 days from the end of the billing period.

No original request for payment submitted by the Contractor more than one year after the close of the two week billing period during which services were provided shall be honored for payment.

When the Contractor's financial records reveal that payment for a youth/family has not been provided by MDHHS within 30 days of receiving all necessary documentation, the Contractor will seek payment resolution by contacting the direct supervisor of the assigned MDHHS worker in writing. Any concerns over a payment authorization or issuance that cannot be resolved within 30 days of the written notice must be reported to the MDHHS County Director for immediate resolution. The Contractor will apprise MDHHS Office of Child Welfare Services and Support of any ongoing, unresolved payment concerns.

2.19. Fees and Other Sources of Funding

The Contractor guarantees that any claims made to MDHHS under this Agreement shall not be financed by any source other than MDHHS under the terms of this Agreement. If funding is received through any other source, the Contractor agrees to deduct from the amount billed to MDHHS the greater of either the fee amounts, or the actual costs of the services provided.

The Contractor may not accept reimbursement from a client unless the Agreement specifically authorizes such reimbursement in the "Contractor Responsibility" Section. In such case, a detailed fee scale and criteria for charging the fee must be included. If the Contractor accepts reimbursement from a client in accordance with the terms of the Agreement, the Contractor shall deduct these fees from billings to MDHHS.

Other third-party funding sources, e.g., insurance companies, may be billed for contracted client services. Third party reimbursement shall be considered payment in full unless the third-party fund source requires a co-pay, in which case MDHHS may be billed for the amount of the co-pay. No supplemental billing is allowed.

2.20. Recovery of Funding and Repayment of Debts

a. Recovery of Funding

If the Contractor fails to comply with requirements as set forth in this Agreement, or fails to submit a revised payment request within allotted time frames established by MDHHS in consultation with the Contractor, MDHHS may require the Contractor to reimburse payments made under this

Agreement which MDHHS has determined that the Contractor was not entitled. If the Contractor becomes aware of any situation involving payments received under this Agreement to which the Contractor was not entitled, the overpayment amount must be repaid to MDHHS within 30 days of the Contractor becoming aware. The Contractor is liable for any cost incurred by MDHHS in the recovery of any funding.

Upon notification by MDHHS that repayment is required, or upon any other awareness of an overpayment to the Contractor, the Contractor shall make payment directly to MDHHS within 30 days or MDHHS may withhold future payments made under this or any other agreement(s), between MDHHS and the Contractor.

If the Contractor fails to: (1) correct noncompliance activities identified by MDHHS, (2) submit revised billings as requested as part of a Corrective Action Plan when required; or (3) remit overpayments or make arrangements to have the overpayments deducted from future payments within 30 days, such failure shall constitute grounds to terminate immediately any or all of MDHHS' agreements with the Contractor. MDHHS shall also report noncompliance of the Contractor to Michigan's Department of Technology, Management and Budget. Such report may result in the Contractor's debarment from further contracts with the state of Michigan.

b. Repayment of Other Amounts due MDHHS

By entering into this Agreement, the Contractor agrees to honor all prior repayment agreements established by MDHHS with the Contractor or Contractor's predecessors. In the absence of a repayment agreement for amounts due MDHHS, the Contractor agrees to make monthly payments to MDHHS at an amount not less than 5% of any outstanding balance and to begin on the date this Agreement is executed. If any of these required payments are made more than 30 days past the due date, MDHHS may reduce or withhold future payments made under this or any other agreement(s) between MDHHS and the Contractor.

The payment reduction will be made at the amount originally established in the repayment agreement or at an amount not less than 5% of any outstanding balance effective on the date this Agreement is executed.

2.21. Child Protection Law Reporting Requirements

- a. The Contractor shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a youth in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
- b. Failure of the Contractor or its employees to report suspected abuse or neglect of a youth to MDHHS shall result in an immediate investigation

to determine the appropriate corrective action up to and including termination of the contract.

- c. Failure of the Contractor or its employees to report suspected child abuse or neglect two or more times within a one-year period shall result in a review of the contract agency's violations by a designated Administrative Review Team, which shall include the Director of CSA and the Director of DCWL or its successor agency, that shall consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and included license revocation and contract termination.

2.22. The Division of Child Welfare Licensing (DCWL)

DCWL shall be responsible for review of the Contractor's compliance with the Agreement and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Agreement or court order. If the ACR or Special Investigation reveals that the Contractor has not complied with the requirements of this Agreement or court order, the following procedures shall be implemented:

- a. DCWL shall notify the Contractor of the Agreement or court noncompliance. This notification shall occur verbally during an exit conference and be followed with a written report of the findings. The Contractor may request a meeting to discuss and examine the identified Agreement or court noncompliance.
- b. Following the identification of the Agreement or court noncompliance, DCWL will request the Contractor submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
- c. After the Contractor's CAP has been reviewed and approved by DCWL, the Contractor's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
- d. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the contractor or to cancel the contract. If either recommendation is made, a meeting will be convened with the director of the contracted agency, the division director of DCWL and the Children's Services Agency (CSA) director or designee to provide the contractor with the opportunity to provide documented information on why the moratorium or cancellation of the contract should not occur.
- e. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the contractor to remedy cited violations and comply with any agreed-on CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's contract. Final

decisions regarding the cancellation of a contract shall be made by the CSA director.

2.23 Corrective Action Requirements

If a program review by MDHHS reveals a lack of compliance with the requirements of this Agreement, the Contractor shall:

- a. Meet with MDHHS to discuss the noncompliance.
- b. Prepare a corrective action plan within 30 days of receiving MDHHS' written findings.
- c. Achieve compliance within 60 days of receipt of MDHHS' approval of the corrective action plan (unless other time frames are agreed to in writing by MDHHS) or MDHHS may terminate this Agreement, subject to the standard contract terms.

2.24 Criminal Background Check

As a condition of this Contract, the Contractor certifies that the Contractor shall, prior to any individual performing work under this Contract, conduct or cause to be conducted for each adult working in the Child Caring Institution, either an employee, subcontractor, subcontractor employee:

- a. A criminal records check, including fingerprints-based checks of national crime information databases and a National and State Sex Offender Registry check.

The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.

The National Sex Offender Public Website address is <http://www.nsopw.gov>.

- b. A Central Registry (CR) check.

Information about CR can be found at http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html

- c. Clients under this Contract, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

The Contractor shall require each employee, subcontractor, subcontractor employee; or volunteer who works directly with clients or who has access to client information; under this Contract to timely notify the Contractor in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Contractor shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Contract or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Contract, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive **criminal records check (fingerprint based or ICHAT)** and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Contractor must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. As indicated in CPA Licensing Rule R400.12212 the Contractor may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Contract.

If MDHHS determines that an individual provided services under this Contract for any period prior to completion of the required checks as described above, MDHHS may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

3. MDHHS RESPONSIBILITIES

3.1. Payment

MDHHS shall make payments to the Contractor pursuant to MCL 17.51-17.57 and State of Michigan Financial Management Guide, Part II-Accounting and Financial Reporting, Chapter 25, Section 100, "Prompt Payment for Goods and Services."

Per Diem Unit Definition: One unit equals the initial calendar day of placement of a referred youth or any 24-hour period thereafter where a youth is receiving basic supervision and care, and any specialized services as defined by this Agreement. The last day of a youth's placement shall not be counted as a unit.

The Contractor shall be reimbursed for care on a per diem basis for each youth based upon the youth's program type. For each residential care program type, the Contractor shall be reimbursed according to the rate set for youth in that program type as provided below.

Bridges Provider Number xx
MiSACWIS Provider Number xx
Residential Program Type xx

The per diem rate(s) for services provided under this Agreement shall be

<u>Service Code</u>	<u>Per Diem Rate</u>	<u>Effective Date</u>
xxx	\$xxx	xxx
xxx	\$xxx	xxx
xxx	\$xxx	xxx

For County Child Care Fund funded youth, MDHHS is not statutorily obligated to make payment to the Contractor. Payment for these youth is the statutory responsibility of the County. If payment is not made, MDHHS shall make reasonable efforts to assist the Contractor to obtain payment.

3.2. Performance Evaluation and Monitoring

The services provided by the Contractor under this Agreement shall be evaluated and assessed at least annually by MDHHS on the basis of the criteria outlined in Section 2.11.

MDHHS shall perform contract monitoring through activities such as:

- a. Auditing expenditure reports.
- b. Conducting Interim or Renewal Licensing Studies and reports.
- c. Reviewing and analyzing written plans and reports.

4. INSERT Standard Contract Terms

Attachment A: Residential Foster Care Program Types

REMOVE ALL PROGRAM TYPES BELOW EXCEPT FOR THE PROGRAM TYPE IDENTIFIED IN THE CONTRACT.

The Contractor shall ensure access to the elements of residential care outlined in the MDHHS DCWL standards specific to the license listed in Section 2.4. Additionally, the Contractor shall ensure access to those services outlined in Section 2.10 of this Agreement for each residential program type.

1. General Residential

Definition

The General Residential Program provides a discharge focused, interdisciplinary, psycho-educational, and therapeutic 24 hour a day structured program with community linkages, provided through non-coercive, coordinated, individualized care, and interventions with the aim of moving individuals toward a stable, less intensive level of care or independence. Interventions should be evidence-based and include trauma-focused interventions.

Symptoms

The youth presents risk in school, home and/or community. The youth has presented risk to self, others and property. The youth has exhibited a behavior(s) that has interfered with his or her ability to function adequately in a less restrictive setting. Such behaviors could include, but may not be limited to: aggressive episodes, stealing or petty theft; vandalism; inappropriate social interactions (threatening behavior, inappropriate language, disruptive school behavior, consistent failure to adhere to rules, incorrigibility unable to follow adult directives), and/or reactions to trauma, which results in maladaptive behaviors.

Standardized Assessment Tool

The contractor shall utilize assessment tools identified in Section 2.10, b., to assess the youth's overall progress in functioning while in the residential intervention.

The Contractor shall administer the assessment tools within 14 calendar days of admission and quarterly thereafter until planned discharge as defined in Section 2.10(u).

Services

For a youth in the General Residential Program, the Contractor shall ensure access to the elements of residential care outlined in the MDHHS DCWL standards specific to the license listed in Section 2.4. Additionally, the Contractor shall ensure access to those services outlined in Section 2.10 of this Agreement.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every xx youth during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every xx youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement.

2. Program for Youth Needing Mental Health and Behavior Stabilization

Definition

The Mental Health and Behavior Stabilization (MHBS) Residential Intervention Program type provides intensive and frequent services and has a lower staff to youth ratio than General Residential. The staffing, structure, and environment make more intensive youth supervision possible. The Mental Health and Behavior Stabilization Program provides for the application of a comprehensive array of services that include psychiatric and clinical assessments and evaluations and corresponding interventions designed to stabilize and treat the conditions of mental health/behavioral instability. Level of service intensity is tailored to and based on the needs of the youth and the youth's diagnosis at the time of intake and ongoing progress in the program.

The Mental Health and Behavior Stabilization program provides intensive youth supervision via staffing, structure, environment, and treatment intervention.

Behaviors of a youth currently experiencing or with a history of MHBS may include among others: aggressive behavior towards self and others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), sexually aggressive behavior, and/or frequent severe emotional instability. Additionally, the youth may not agree with taking their medication and/or medication may not have resulting behavioral stability. The specific range of mental health and behavioral symptoms each program can serve must be outlined in the Contractors program description.

Symptoms

A youth currently experiencing or has a history of symptoms which may include aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The youth is unable or unwilling to adhere to medication and has not behaviorally stabilized as a result. The youth has a high risk of serious self-harm and aggression. The youth's thinking is confused and disorganized.

Standardized Assessment Tool

The contractor shall utilize assessment tools identified in Section 2.10, b., to assess the youth's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 14 calendar days of admission, and quarterly thereafter until planned discharge as defined in Section 2.10(u).

Services

The youth shall have a psychiatric consultation within seven calendar days of the youth's admission into the program. The consultation shall include current and past psychiatric history, medical/developmental history, social history, family history, and medication review. The consultation shall be conducted face to face or via telepsychiatry technology. If telepsychology is utilized the provider must follow general clinical guidelines for this technology. All services (in-person or telepsychology) must be HIPAA compliant.

The youth shall have a comprehensive psychiatric evaluation within 15 calendar days of the youth's admission into the program. The evaluation shall include mental status exam and a diagnosis and treatment recommendation. The evaluation shall be conducted face to face or via telepsychiatry technology. If telepsychology is utilized the provider must follow general clinical guidelines for this technology. All services (in-person or telepsychology) must be HIPAA compliant.

- a. Nurse oversight of physical interaction with psychotropic medication.
- b. Within 24 hours of admission, a telephone call between the nursing staff and consulting psychiatrist, at a minimum, is to be held to review medications, including both description and supply, current status, and to address any urgent needs.
- c. Self-help groups as needed.
- d. Family activity programs.
- e. 1:1 staff/child ratio, if required for youth safety. The request for 1:1 staffing must be requested in writing to DCWL by email or fax.
- f. Individual, Group and Family Therapy
 - i. Both individual and group therapy are requirements of this Agreement. At least two times per week, the Contractor shall provide direct therapeutic interventions for each youth individually and/or in group sessions. At least one session per week must be an individual therapy session. Individual and/or group therapy shall be provided in accordance with the youth's treatment needs as identified in the youth's service plan.
 - ii. Parents, family members and pertinent supportive adults should be engaged in therapy with the youth. Family therapy, when safe for the youth, should be provided no less than one time per month.

- iii. The Contractor shall describe its plan for supporting each youth to build, strengthen and/or repair primary attachments with parents, family members, and pertinent supportive adults in the youth's life.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every **xx** youth during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every **xx** youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement.

3. Program for Youth with Sexually Problematic Behavior Sexually Reactive Program

Definition

A residential intervention for youth with sexually problematic behavior. The service type uses a bio-psychosocial approach to address the symptoms of compulsive behaviors, Post-Traumatic Stress Disorder (PTSD), and childhood sexual and/or non-sexual abuse. The Contractor shall provide individualized treatment plans in a variety of evidence-based modalities. Therapeutic approaches may include Cognitive-Behavioral Therapy (CBT), experiential therapies, psycho-educational presentations, psychopharmacological interventions, family systems theory, and integrative therapies.

Treatment approaches are gender specific and age appropriate. Treatment options for youth with aggressiveness, attachment problems, sadistic behaviors, grief and loss issues, and impulse control problems are included in the residential program. Skills training in aggression replacement, anger management, social skills, activities for daily living, coping skills, and communication skills shall be provided.

Symptoms

A youth who has been exposed to sexualized awareness via sexual abuse or exposure to sexualized materials and is suffering from the impact of child sexual abuse, including sexual addiction/compulsivity (including internet addiction), PTSD, and/or other psychological or physiological effects of abuse and trauma such as anxiety and anger. A youth that has a history of displaying problematic sexualized behaviors including, but not limited to, sexual behavior that appears inappropriate due to age or the nature and/or extent of the sexual behavior; behavior that is sexually abusive in nature; behavior that is sexually aggressive,

etc. This youth may or may not be exhibiting outward sexualized behaviors (touching others) but may display poor physical boundaries, expose themselves to others, touch themselves publicly, engage in frottage (rubbing against others), etc. This youth is not involved in any known sexual offending behaviors as a result of the sexual awareness.

Standardized Assessment Tool

In addition to the assessment tools outlined in Section 2.10, b., the contractor shall utilize the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) or Juvenile Sex Offender Assessment Protocol (J-SOAP) to assess the youth's overall progress while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge as defined in Section 2.10(u).

The tool shall be utilized by a professional trained in the utilization of the identified tool.

Services

- a. Individual therapy shall occur at least 3 times per week,
- b. Group and/or family therapy shall be provided as outlined in the youth's treatment plan.
- c. Interventions focusing on and treating any history of trauma as well as any sexualized behavior is required.
- d. Additional life skills interventions.
- e. Sexual abuse group therapy, which shall include anger management, sex education, recidivism prevention, and victim awareness and empathy.

The Contractor shall have a phased approach to service delivery. The various phases generally include the following:

- a. Orientation – Youth are oriented to the phases of interventions and program expectations.
- b. Accountability – Youth are encouraged to fully disclose their actions that led them to the program and accept responsibility.
- c. Boundaries – Clarification of values system will be developed to help establish and maintain healthy interpersonal and sexual boundaries.
- d. Empathy – Youth will begin to understand the impact of violating sexual boundaries on primary and secondary victims.
- e. Relapse Prevention – Youth will develop healthy and effective responses to their high-risk sexual behaviors.
- f. Transition – Youth will develop a plan for a healthy transition to a lower level of care.

The length of time a youth is in any particular phase is dependent on the individual youth and treatment plan.

Service Provider Qualifications

Therapists shall be persons that meet the qualifications outlined Section 2.10, d., 2), and have experience working with youth who have displayed sexually inappropriate behavior or be supervised by a therapist with the experience and qualifications outlines in Section 2.10, d., 2).

Staffing Ratios/Room Assignments

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every **xx** youth during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every **xx** youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Single occupancy rooms are **highly recommended**. If youth must share a room, frequent (every 10 but no less than 15 minutes) and random room checks shall be conducted, regardless of the use of video monitoring systems.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

- a. The percentage of youth who had a relapse prevention plan upon a planned release.
- b. The percentage of youth who demonstrate Stage of Change improvement/progress related to the identified assessment tool.

4. Program for Youth with Developmental Disability and Cognitive Impairment

Definition

Services for youth with developmental disabilities consists of individualized services that include structure and support in mastering activities of daily living, developing positive self-protective skills, community integration, behavior support plans and interventions, including mental health treatment as needed. Services are designed and delivered to engage the client at his or her level of functioning. Residential providers support youth in their treatment, school programs, adult transition planning, transition planning to a less restrictive placement and, when it is a part of the youth's individual plan, preserving connection with their families.

Intellectually disabled is defined as mild to moderate (IQs 45 to 69), intellectually impaired youth, with or without substance use or dependence symptoms. This also includes youth with severely or profound cognitive impairments (IQ below

45), those with classic autism spectrum disorder that exhibit severely restricted functioning levels, and severely multiply impaired, which includes those with a combination of cognitive and physical impairments, and may also include mental and/or emotional impairments.

Developmentally disabled is defined as an individual diagnosed with a mental disorder which significantly impacts their adaptive functioning and ability to care for themselves and generally is considered a lifelong condition.

Symptoms

Youth experiencing significant adjustment problems at home, in school, and/or in the community as a result of serious emotional disturbance (SED) with or without substance use or dependence symptoms, concurrent with cognitive impairments.

Youth experiencing significant adjustment problems at home, in school, or in the community concurrent with cognitive impairment or developmental disability, emotional impairment and behavioral concerns that cannot be addressed in a less restrictive placement.

Youth may be currently experiencing or have a history of active unstable symptoms which may include severely aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The youth is non-compliant with and/or not stabilized on medication. The youth has a high risk of serious self-harm and aggression. Lack of intact thought process.

Standardized Assessment Tool

The Contractor shall utilize a standardized assessment tool as defined in the Contractor's program statement to assess the youth's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge as defined in Section 2.10(u).

The tool shall be utilized by a professional trained in the utilization of the identified tool.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every xx youth during waking hours.
- c. Maintain a minimum of one on-duty direct care worker for every xx youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Services

- a. Nurse oversight of side effects of all medications, in particular psychotropic medications
- b. Intensive activity-based individual or specialized group therapy.
- c. Self-help groups as needed.
- d. Family therapy and/or family activity programs.
- e. Independent living skills assessment/preparation and community reintegration.
- f. Adjunctive therapy, provided either on site or in the community, including recreational therapy, occupational therapy, music therapy, art therapy, speech therapy, physical therapy, and respiratory therapy when these or any other interventions are prescribed by a treating physician or required by an IEP.
- g. Peer support groups that focus on social norms, learning how to interpret social cues and problem solve responses that are acceptable.
- h. Family therapy directed toward the establishment and utilization of positive behavioral support and strengthening family relationships.
- i. Aftercare service planning, connecting the youth/family with services that include coordinating a referral and initial appointment with a local Community Mental Health center for casework services for persons with developmental delays.
- j. 1:1 staff/child ratio, if required for youth safety, upon documentation of safety issues and with written approval from DCWL.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

- a. The percentage of youth who demonstrate progress in receptive and expressive skills as shown by a communication skills assessment prior to discharge.
- b. The percentage of youth who demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.

5. Substance Use Rehabilitation

Definition

A comprehensive array of services to address substance use, prevent substance use, and support recovery. Interventions are co-occurring, capable, and address the full range of related issues including:

- a. recognizing the harmful effects of chemicals on the youth.
- b. develop skills to avoid chemical use
- c. identify alternate methods of meeting the needs previously met by chemical use

- d. achievement and maintenance of sobriety or abstinence
- e. health and mental health needs
- f. counseling and/or psychotherapy
- g. education
- h. improved social, emotional, psychological, cognitive, and vocational functioning.

Symptoms

Youth experiencing substance use disorders with a significant impairment in an area of functioning.

Standardized Assessment Tool

In addition to the assessment tools outlined in Section 2.10, b., the Contractor shall utilize a published standardized assessment tool as defined in the Contractor's program statement to assess the youth's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge as defined in Section 2.10(u).

The tool shall be utilized by a professional trained in administering the identified tool.

Staffing Qualifications

Therapists shall have appropriate certifications as outlined in the Michigan Certification Board for Addiction Professionals.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every **xx** youth during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every **xx** youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Services

- a. Individual therapy at least one time weekly.
- b. Specialized group, multi-family or didactic group therapy as identified in the youth's treatment plan.
- c. Self-help groups and/or sober leisure skill development.
- d. Family therapy and/or family activity programs.
- e. Level appropriate community or campus-based education.
- f. Intensive school supports services e.g., testing, monitoring, tutoring.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

- a. The percentage of youth who have a plan including relapse prevention and recommended services upon a planned discharge.

6. Mother/Baby

Definition

The Mother/Baby Residential Program provides a discharge-focused, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program with community linkages, provided through non-coercive, coordinated, individualized care, and interventions with the aim of moving individuals toward a stable, less intensive level of care or independence. Interventions should be evidence-based and include trauma-focused interventions.

The Mother/Baby Program shall offer an intensive array of services to meet the short term and longer-term needs of pregnant and parenting youth in the Michigan child welfare system. Research has shown that successful programs incorporate three elements that offer a pregnant and parenting youth the supports needed to succeed: socialization, nurturing and support, structure and discipline. To best support pregnant and parenting youth in Michigan, the program shall be designed as a continuum of care approach. The continuum may consist of three levels. Level 1 is highly structured with 24-hour supervision. Level 2, a step down to a less restrictive living situation where the level of supervision is decreased, and the youth obtains more responsibility for managing her own money. Level 3 includes a step to a less restrictive non-residential setting. The tiered level approach encourages youth participation and investment in the program while working on their long-term goal of being self-sufficient.

The Mother/Baby Program service delivery can be offered in several different modalities. Ideally, the program should provide a continuum of services to allow the youth to transition from a residential/group home setting to a non-residential setting. The approach should include supervision, staffing, home settings, and basic program standards.

The objectives of Mother/Baby Residential Program type are:

- a. Youth will acquire skills necessary to successfully maintain placement in a less restrictive home setting.
- b. The youth will engage in educational or vocational programming while participating in the program.

- c. Youth and infants/toddlers will be monitored and assessed for special health and/or mental health care needs and developmental delays.
- d. Pregnant and/or parenting youth will demonstrate appropriate expectations of their infants/toddler's behavior and needs.
- e. The youth will understand typical child development.
- f. The youth will have a supportive adult connection upon discharge to assist with transitioning from the program into independence or to next placement.
- g. Children of parenting youth will remain with the parent without substantiated reports of abuse or neglect.
- h. The youth will demonstrate an ability to prioritize the child's needs above their own.
- i. The youth will have the ability to reflect on their own parenting strengths and challenges.

Eligibility

The Mother/Baby Program is available to youth ages 13 and older who are pregnant and/or parenting and the youth's infants/toddlers. The Contractor shall have the ability to serve both pregnant and parenting youth and the youth's infant/toddler(s).

Symptoms

The youth presents risk in school, home and/or community. The youth has presented risk to self, others and property. The youth has exhibited a behavior(s) that has interfered with his or her ability to function adequately in a less restrictive setting. Such behaviors could include, but may not be limited to: aggressive episodes, stealing or petty theft; vandalism; inappropriate social interactions (threatening behavior, inappropriate language, disruptive school behavior, consistent failure to adhere to rules, incorrigibility in not following adult directives), and/or reactions to past trauma, which results in maladaptive behaviors.

Standardized Assessment Tool

In addition to the assessment tools outlined in Section 2.10, b., the Contractor shall utilize the Adult-Adolescent Parenting Inventory (AAPI) to assess parenting skills progress.

The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge as defined in Section 2.10(u).

The tool shall be utilized by a professional trained in the utilization of the identified tool.

Services

For a youth in the Mother/Baby Residential Program, the Contractor shall ensure access to the elements of residential care outlined in DCWL standards specific to the license listed in Section 2.4. Additionally, the Contractor shall ensure access to those services outlined in Section 2.10 of this Agreement in addition to the following:

- a. Interventions through infant mental health or Early On shall be provided as needed and/or recommended for at-risk infants/toddlers.
- b. Intensive school supports services e.g., testing, monitoring, tutoring.
- c. Transportation Assistance - Assist the parenting youth in accessing necessary transportation to obtain or maintain employment, attend school or vocational training, attend medical appointments and therapy appointments.
- d. Access to Mentors - Encourage and develop opportunities for pregnant and parenting youth to be matched with mentors in the community that will provide additional support and a potential long-term connection.
- e. Recreational Activities - Provide recreation activities defined as a planned, age appropriate, regular, and recurring set of staff-supervised leisure time events designed to support the youth's treatment plan. These recreational activities shall be supported by appropriate supplies and equipment that are well maintained and in useable condition.

The Contractor shall:

- a. Provide activities which shall contain a variety of physical, intellectual, social and cultural opportunities indoors and outdoors.
- b. Assign a minimum of one staff for every eight youth/infants to directly supervise the activities.
- c. Parenting Skills Training - Parenting Skills Training and interactive training activities shall be utilized in accordance with the outcomes specified in the case service and treatment plan, including youth development, improvement and reinforcing of age appropriate social, communication and behavioral skills. Classes and referrals shall address issues which include, but are not limited to:
 - (i) Infant care/early infant brain development.
 - (ii) Stages of growth in infants.
 - (iii) Safe Sleep.
 - (iv) Infant/toddler safety.
 - (v) Parenting preparation.
 - (vi) Child development.
 - (vii) Child health care.
 - (viii) Infant/toddler emotional and social needs.
 - (ix) Child management skills and positive discipline.
 - (x) Parent/child roles and communication.
 - (xi) Responsible fatherhood.
 - (xii) Developing secure attachment.
 - (xiii) Securing appropriate childcare.
 - (xiv) Stress management and coping skills.
 - (xv) Domestic violence.
 - (xvi) Changes in parent mood and awareness of surroundings under the influence of recreational drugs or alcohol.
 - (xvii) How to access community resources.

In addition to parenting classes, programming shall address specialized bonding and attachment sessions and activities to promote secure attachments between the parent and infant. Research indicates early attachments lay the foundation for social, emotional and academic skills. Interactive parenting activities shall include opportunities to capitalize on teachable moments with the adolescent parent, promote the value of family literacy with teaching nursery rhymes, songs, etc. and offer various interactive play activities that engage both the youth and baby.

- a. Community Referrals - Referrals shall be made to community resources such as Early Head Start, Early On, Parent Infant Program, Infant Mental Health or other in-home programs and documented in the service plan. Research has shown that participation in this type of programming is linked to several positive impacts on parenting, child development, and economic self-sufficiency.
- b. Child Care Assistance - The youth shall be provided assistance in obtaining appropriate childcare while they are participating in programming to enhance their self-sufficiency. Childcare can be provided on site or off site by a licensed childcare provider.

The Contractor shall ensure the infant/toddler childcare is of high quality that promotes the child's social, emotional, cognitive and verbal development.

- c. Outreach to Fathers - Unless documented that it would be contrary to the best interest of the child and/or mother or if required in a court order, the contractor will make extensive efforts to engage fathers to foster involvement in the infant/toddler's life and to assist the pregnant/parenting youth in obtaining a supportive support network. The program shall allow for the father's select participation in parenting skills trainings, visitations with child and child-parent activities. The father should be encouraged to attend prenatal and/or well-baby medical appointments.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every eight youth, infant/toddler during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every 12 youth, infant/toddler during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

The staffing ratio includes the youth infant/toddler.

Additional Staff Training Topics

The Contractor shall provide the following training topics in addition to those outlined in Section 2.10, d., 3), of this Agreement:

- a. Medical, physical, and psychological aspects of pregnancy.
- b. Prenatal and postnatal care.
- c. Infant and toddler development.
- d. Safe Sleep practices.
- e. Childcare.
- f. Parenting skills training techniques.
- g. Attachment theory.

Reporting

The Contractor shall include youth in the development of the treatment plan. The treatment plan must:

- a. Assist the youth in preparation and transition to adult living and responsible parenting.
- b. Include outcomes identified through the Independent Living assessments.
- c. Identify the youth's educational and/or vocational goals.
- d. Outline the youth's other personal goals.

In addition to the youth's goals, the treatment plan shall address the following:

- a. The infant's/toddler's daily needs, establishing daily exclusive time with the infant, providing stimulating development and educational activities with the infant.
- b. The infant's/toddler's daily routine or schedule.
- c. The youth's coordination and arrangement of medical care for the infant and other necessary services.
- d. The youth's participation in parenting skills classes.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Agreement in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

- a. The percentage of youth who show improvement in parenting skills upon discharge from the Mother Baby Program based upon the findings documented in the AAPI.
- b. The percentage of youth who demonstrate an increase in understanding of their infant's/toddler's needs as measured by the Casey Life Skills supplemental or Daniel Memorial assessment as applicable to the teen parent.
- c. The percentage of infant's/toddlers who remain placed with their parent after discharge from the residential setting.

Unit Definition: One unit equals one day in residence for a pregnant youth and/or mother with infant. The unit rate includes care and services provided to a youth's infant/toddler.

7. Program for Youth with Specialized Developmental Disability (SDD)

Definition

The program for youth with Specialized Developmental Disability (SDD) provides enhanced residential treatment to youth with intensive and specialized service needs related to developmental disabilities, including Autism, and intellectually disabled youth, who have deficits in social communication skills, sensory activity, and a limited ability to conduct daily living tasks without intensive support.

Symptoms

A youth whose level of developmental impairment warrants a significant sensory **sensitive individualized treatment setting**.

Program is designed for youth diagnosed with Autism Spectrum Disorder, or youth with intellectual or developmental disability.

Youth experiencing significant deficits in social communication skills, sensory sensitivity and a limited ability to conduct daily living tasks without intensive support which prevents youth from adjusting satisfactorily to a lessor restrictive treatment environment.

Youth who will benefit from a controlled environment that is tailored to their developmental and functioning level.

Standardized Assessment Tool

The assessment tools identified in Section 2.10(b) of this contract are not required for youth served under the Specialized DD program type.

The Contractor shall utilize one or more of the following assessment tools for all youth entering the program, regardless of any previous assessments conducted by any provider:

- Autism Diagnostic Observation Schedule (ADOS)
- Pearson's Expressive Vocabulary Test (PEVT)
- Assessment of Functional Living Skills (AFLS)

Assessments will be completed by a Board-Certified Behavior Analyst (BCBA) or by a professional trained in the utilization of the identified tool.

The Contractor shall administer the assessment tool within 21 calendar days of admission, and quarterly thereafter until planned discharge as defined in Section 2.10(u).

Services

The youth shall have an Applied Behavior Analysis (ABA) treatment plan within 30 days of placement if ABA services are appropriate to the individual youth.

- a. An Applied Behavior Analysis (ABA) treatment plan within 30 days of placement if ABA services are appropriate to the individual youth
- b. Nurse oversight of side effects with psychotropic medications
- c. Family engagement and enrichment activities.
- d. Intensive activity-based individual or specialized group therapy at least one time weekly.
- e. Independent living skills assessment/preparation and community reintegration to the extent identified as appropriate for the individual youth.
- f. Adjunct therapy provided either on site or in the community, when these or any other interventions are prescribed by a treating physician or required by an assessment/IEP. (*Examples include recreational therapy, occupational therapy, music therapy, art therapy, speech therapy, physical therapy, and respiratory therapy*)
- g. Peer support groups.
- h. Family therapy directed toward the establishment and utilization of positive behavioral management and strengthening family relationships.
- i. Aftercare service planning as described in Section 2.10(u) (Transitional Service Following Discharge).

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every 2 youth during waking hours.
- b. Provide an additional floating staff that will be able to provide 1:1 supervision when youth are new to the program or display significant behavior outburst or significant needs associated with daily living activities. This program is not eligible for additional 1:1 service payment.
- c. Maintain a minimum of one on-duty direct care worker for every 4 youth during sleeping hours. All these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Program Performance Objectives

During the contract period, the Contractor shall track youth for only the outcome measures a, c, & d listed in Section 2.11 of this Contract in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

- a. Percentage of youth who demonstrate progress in expressive and receptive communication skills (verbal and non-verbal) as shown by a communication skills assessment.
- b. Percentage of youth with an increased ability to tolerate changes in routine or environment via an increase in score of approved assessment.
- c. The percentage of youth who demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.

8. Intensive Stabilization

Definition

The Intensive Stabilization (IS) program provides a therapeutic environment for youth who are in current crisis or have not been able to maintain stabilized behavior. This program offers intensive specialized services in a trauma-informed short-term program. The intent of the program is to stabilize crisis while diagnostic services and supports are provided to meet the short-term treatment goals of the youth and frequent services and has a lower staff to child ratio than other residential programs. The program will help **identify short and long-term treatment goals, community supports, and secure an appropriate living situation for youth which will allow the youth to return to a community-based setting as soon as possible.**

Symptoms

A youth with significant behavior challenges, youth being stepped down from a hospitalization program or youth experiencing repeated placement instability. **Youth** may be currently experiencing or have a history of active unstable symptoms which may include severely aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The youth is non-compliant with and/or not stabilized on medication. The youth has a high risk of serious self-harm and aggression and a lack of intact thought process.

Standardized Assessment Tool

In addition to the assessment tools outlined in Section 2.10, b., the Contractor shall utilize the following types of assessments:

a) Biopsychosocial Assessment

The youth and family (whenever possible) participate in the development of a comprehensive, individualized, strength-based, trauma informed, family-focused, culturally responsive assessment that informs and guides service delivery, discharge planning and aftercare services. Assessment is completed by a Therapist within 3 days of admission to the program.

Assessments are integrated to address multiple life domains, assess for co-occurring mental health and substance use condition, and include a summary of symptoms and a diagnosis. Assessments are conducted face-to-face and include an assessment of natural supports and resources. Screening tools may be used as part of the assessment process.

- b) Psychiatric Assessment is completed within 72 hours of admission to the facility. Parent, guardian, caregiver, or support person identified are required to attend the Psychiatric Assessment. It is critical that the youth, Parent/Guardian/Caregiver/Support Person participate in the Psychiatric Assessment. If any medication changes are made the parent or guardian will need to sign a medication consent form. New medications cannot be started without this consent in place.
- c) Nursing Assessment will be completed with 24 hours of admission. This assessment will also include an assessment of nutritional needs

There may be identified conditions, needs, or issues that require further assessment by practitioners of other disciplines. Psychiatric stability will be important for the validity of any additional assessments so consultation with the Psychiatrist will occur prior to scheduling additional assessments. The Therapist will coordinate with referral source in coordinating and making referrals for those assessments. In such instances, an authorization to release information is signed by the guardian/family so that the referral may be made. Examples of additional assessments include but are not limited to neurological, psychological, developmental, occupational, speech, hearing, nutritional, and medical.

The tools shall be utilized by a professional trained in the utilization of the identified tool.

Treatment planning:

An initial treatment plan will be developed within 4 days of admission. All stabilization services and interventions must be directly related to the goals and objectives established in each youth's individual service plan (ISP). The ISP is developed by the youth/family/treatment team in collaboration with the provider agency. Family/caregiver involvement is extremely important and unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP.

The ISP must identify the youth's interests, preference, and needs as determine to be appropriate by the treatment team, in the following areas:

- Physical and emotional well-being
- Risk and safety factors
- Nutrition
- Personal care needs
- Cognitive and education abilities

- Recreation and leisure time
- Community participation
- Communication
- Religion and culture
- Social and personal relationships
- And other areas determined important by the youth

The goal of treatment will focus on stabilizing youth in crisis, supporting and assisting the youth in achieving greater independence and fulfillment in their life, while improving the youth's functioning, participation and reintegration into the family home/resource home/ or potentially transition in to an alternative out of home living situation.

Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct care worker for every **xx** youth during waking hours.
- b. Maintain a minimum of one on-duty direct care worker for every **xx** youth during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

Services

- a) Nurse oversight of side effects with psychotropic medications
- b) Intensive activity-based individual or specialized group therapy.
- c) Family therapy and/or family activity programs.
- d) Independent living skills assessment/preparation and community reintegration.
- e) Family therapy directed toward the establishment and utilization of positive behavioral management and strengthening family relationships.
- f) Aftercare service planning, connecting the youth with services that include coordinating a referral and initial appointment with a local Community Mental Health center for casework services for persons with developmental delays.
- g) 1:1 staff/child ratio, if required for youth safety, upon documentation of safety issues and with written approval from DCWL.

Program Performance Objectives

During the contract period, the Contractor shall track youth for the outcome measures listed in Section 2.11 of this Contract in addition to the outcomes identified below. The Contractor shall submit the data quarterly on the template provided by MDHHS.

Attachment B: Glossary of Acronyms and Forms

AAPI:	Adult-Adolescent Parenting Inventory
ABA:	Applied Behavior Analysis
ABPN:	American Board of Psychiatry and Neurology
AFLS	Assessment of Functional Living Skills
ADOS:	Autism Diagnostic Observation Schedule
AWOLP:	Absent Without Legal Permission
BCBA:	Board Certified Behavior Analyst
CAFAS:	Child and Adolescent Functional Assessment Scale
CANS:	Child Assessment of Needs and Strengths
CANS:	Child and Adolescent Needs and Strengths
CBT:	Cognitive Behavioral Therapy
CLSA:	Casey Life Skills Assessment
CMH:	Community Mental Health
CQI:	Continuous Quality Improvement
DCWL:	Division of Child Welfare Licensing
DMA:	Daniel Memorial Assessment
ERASOR:	Estimate of Risk of Adolescent Sexual Offense Recidivism
FOM:	Foster Care Online Manual
GED:	General Education Development
HIPPA:	Health Insurance Portability and Accountability Act
IEP:	Individualized Education Plan
IEPT:	Individual Education Program Team
ISEP	Implementation, Sustainability, and Exit Plan
J-SOAP:	Juvenile Sex Offender Assessment Protocol
LGAL:	Legal Guardian ad Litem
MISACWIS:	Statewide Automated Child Welfare Information System
PEVT	Pearson's Expressive Vocabulary Test
PAFC:	Placement Agency Foster Care Provider
PIHP:	Prepaid Inpatient Health Plan
PTSD:	Post-Traumatic Stress Disorder
SED:	Serious Emotional Disturbance
SOGIE:	Sexual Orientation and Gender Identity Expression
DHS-441:	Case Service Plan
DHS-69:	Foster Care Juvenile Justice Action Summary
DHS-221:	Medical Passport
DHS-1643:	Psychotropic Medication Consent
DHS-3307:	Initial Placement Outline and Information Record
DHS-3377:	Clothing Inventory Checklist
DHS-3600:	Individual Service Agreement
DHS-4765-YA:	Young Adult Voluntary Foster Care Invoice

Trauma-informed approach: (as defined by the Substance Abuse and Mental Health Services Administration)

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Trauma- responsive: (as defined by Covington & Bloom [2018]): "...becoming trauma-responsive means looking at every aspect of an organization's programming, environment, language, and values and involving all staff in better serving clients who have experienced trauma."



**REVIEW OF MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING STANDARDS**

SUMMARY OF REVIEW AND RECOMMENDATIONS FOR IMPROVEMENTS

DATE OF REVIEW: 05/31/20/Updated 6/17/20

REVIEWER: JANICE LABEL, PHD, ABPP

BBI LEAD FOR REVIEW OF LICENSING FOR PROJECT: Beth Caldwell, MS

Overview

The Building Bridges Initiative (BBI) is involved, under the Annie E. Casey Foundation, in a review of Michigan Department of Health and Human Services (MDHHS) Children’s Services Agency’s (CSA) Division of Child Welfare Licensing (DCWL) residential standard-setting documents. This review of documents is part of a broader assessment of MDHHS’s residential program/group care policies and practices to ensure youth safety, service effectiveness, and greater staff skill and competency in order to deliver quality and effective residential interventions. Michigan DHHS initiated this assessment in response to a restraint-related fatality of a youth in a residential service. Dr. Janice LeBel served as the lead reviewer for DCWL’s residential standard-setting documents; Beth Caldwell provided a framework and oversight for the review process, as well as input into this summary and the feedback within the accompanying licensing documents.

The following documents were reviewed: 1) DCWL Policies & Procedures Manual (current revision 02/20); 2) DCWL Pub 14_498187_7 (Regulation of Child Care Organizations [CCO], effective 03/28/18); 3) DCWL Pub 452_684825_7 (Licensing Rules for Child Caring Institutions [CCI], effective 12/05/19); and 4) the DCWL Staff Organization Chart. The materials were assessed against the Six Core Strategies© (6CS), an evidenced-based practice to prevent/reduce conflict/violence and the use of restraint and seclusion (R/S) in treatment settings, along with BBI and Family First (FF) values, principles, and practices.

What follows below are summary, thematic bullet points of areas of strengths, general comments, and priority recommendations in two specific domains: 1) restraint/seclusion practice consistent with the Six Core Strategies© and 2) best practices in youth guided/family driven practice consistent with BBI.



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Included with this summary document are the DCWL Policies & Procedures Manual and e-files for: DCWL Pub 14_498187_7 (Regulation of Child Care Organizations [CCO]) and DCWL Pub 452_684825_7 (Licensing Rules for Child Caring Institutions [CCI]) which have been reviewed and returned with suggested edits, recommendations and comments imbedded in each e-file document using “tracked changes.” All of this is offered in the spirit of helping Michigan’s DCWL advance their standards and enhance the safety and quality of care in residential interventions provided to Michigan’s youth and families.

Strengths

- The Policies & Procedures (P&P) Manual leads with a strong vision statement and explicit role of the CSA to support MI youth and families to reach their full potential. ***This is terrific!***
- The P&P Manual also provides the CSA mission statement which states in part: “*The unwavering commitment to engage and partner with families ...*” and acknowledges the importance of safety, permanency, and being trauma informed. ***Fantastic!***
- The CCO Regulations identify important elements in judicious R/S practice:
 - the importance of staff being trained to recognize a range of possible triggers to child upset including “event and environmental factors” which are seldom stated in standards;
 - several non-physical interventions staff should be taught including but not limited to: mediation, conflict resolution, and active listening in order to support youth in distress;
 - competency requirements for staff who participate in R/S. Most standards focus on training and knowledge. Making competencies explicit is important.
- The CCI Rules acknowledge trauma history as an important consideration when using R/S.
- The CCI Rules prohibit children under 6 years old from being in an institution longer than 30 days. This is critical! ***Consider prohibiting it altogether!***



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Recommendations

Organizational Culture Change:

- Revise the DCWL mission to advance practice in MI. Currently, the mission states, *“To ensure the protection of children who are receiving care ... by enforcing rules and laws ...”*. The mission does not reference families. Add families to the mission statement. The mission also has a rather negative tone and preserves minimal practice. The statement puts licensors in the role of “rule enforcers” instead of people who work collaboratively with licensees to assure service integrity and provide guidance about continual quality improvement. Consider language such as, *“...by working in partnership with licensees, upholding standards, and laws and continually advancing the quality and care of treatment for MI youth and families.”*
- Change the tone of the DCWL functions described in the P&P Manual from “compliance” to “adherence.” Compliance has a negative tone and connotes a forced adoption of practice, while adherence connotes more positive, intentional action on the part of the licensee. Also, consider advancing your expectations for organizations to *“adherence and advancement.”* You want licensees to go farther than minimal standards.
- Change ‘residential program’ to ‘residential intervention’ (P&P Manual) to underscore the purpose of out of home care is for treatment and support for both the youth and family; residential interventions are meant to be short-term intervention and not a destination.

Prioritize diversity, race, equity and inclusion:

- Raise the bar in the MDHHS Non-discrimination statement imbedded in the DCWL standards. *“Non-discrimination”* is a statement of what MI will not do. Re-message this. State in the affirmative what MDHHS will do to actively promote full inclusion of all individuals/cultures, etc.
- Prioritize the value of diversity. Add strong affirming language regarding respecting and honoring youth/family/workforce culture, race, equity, and inclusion in the CCO regulations and CCI rules.
- Prioritize the practice of cultural inclusion. Add strong affirming language in the CCO regulations and CCI rules regarding hiring expectations, ‘career ladder’ opportunities, workforce education, staff competencies that promote culture, cultural humility, diversity, equity and inclusion.
- Require outcome measures that track admissions, discharges, aftercare and functional progress by race of all youth/families served. Use measures to monitor and support practice advancement.



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Language:

Language is the first step in making culture and practice change. Language signals the direction and transmits the value on what is changing. Outdated verbiage impedes progress. Change in verbiage is needed.

- Eliminate ‘child handling’ verbiage and replace it with ‘child support’ (CCI rules). Child handling is disrespectful. It categorizes the youth to a class and diminishes the value of the child as something being ‘handled’ (akin to an animal to be controlled).
- Eliminate the term ‘behavior management’; replace it with ‘behavioral and emotional supports’.
- Eliminate the term and use of ‘behavior management rooms’; there is a system recommendation to eliminate seclusion over time – until that time, use the term it is called ‘seclusion rooms’.
- Eliminate the use of ‘time-out’ rooms; replace them with comfort/sensory rooms.
- Choose one term to identify the child. There are multiple terms used in all of the documents to describe the youth: child, youth, resident, client, etc. It is best to select one term, e.g. youth and stick with that for consistency’s sake and ease for the reader, unless a specific term has specific age parameters. If so, then add the specific term and age range to the Definitions section at the beginning of the document to inform the reader.
- Advance trauma-informed language to “*trauma-responsive*”. This is the next step in trauma-informed practice. Being trauma-informed is an initial step but it does not connote the action/responsibility needed to move beyond recognition to accountability and integrating the knowledge into practices to address trauma/prevent re-traumatization.
- Change ‘Crisis Intervention’ to ‘Crisis Prevention and Intervention’ (CCI rules) to emphasize the need to anticipate and avoid crises.
- Consider adding a few more definitions for:
 - Safe / safety
 - CCO performance (CCO regulations)

Demand High Performance Outcomes

- Residential interventions are part of health care. The health care field is being held accountable for delivering positive outcomes and health care organizations are being assessed for ‘*high reliability*’ (e.g. Joint Commission). A high reliability organization does not tolerate failure. The airline industry must have ‘high reliability’. An airline manufacturer would never benchmark to a 68% annual crash rate (which is the residential failure/ ‘bounce back’ rate



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- reported by one state). The airline industry benchmarks to 0% annual crash rate. Nothing less should be accepted with the residential industry. Accountability must be demanded and expected. Use the DHHS authority to require values-driven outcomes and set high standards for: increased permanency, increased community tenure/stability, increased educational attainment, increased functional outcome scores, reduced R/S, decreased lengths of stay, decreased hospitalizations, decreased workforce turnover, effective aftercare integration, etc.
- Monitor not only psychotropic medications used but monitor weight/BMI monthly as well throughout course of care (pre-medication through to current use). Inequity in medication prescribing have been established. Youth of color are more often to be prescribed psychotropic medication and at higher doses. Look at prescribing practices of providers. Review whether youth are gaining weight? Weight gain is a very serious problem with lifelong implications that is being largely ignored. It directly impacts health, functioning, and longevity. Higher doses of medication can also impact metabolism, motivation, and capacity to participate in school/treatment. Require a nutritional consult/plan and an activity plan for every youth whose weight/BMI moves into an overweight classification.
 - Add language in all the standard setting documents that reflects the pandemic preparation/response and/or more public health considerations/training/practices (e.g. screening protocols for youth/staff/visitors, terminal cleaning procedures, routine and touch-surface cleaning protocols and frequency, cleaning methods, cleaning agents, HVAC/ventilation/airflow sufficiency, PPE use and procedures for PPE donning and doffing, etc.).

Restraint / Seclusion (R/S) Practice

Priority Recommendation #1: Imbed the Six Core Strategies in your Standards

- Imbed a comprehensive approach to addressing R/S in the standards. There is no R/S prevention framework in the standard setting documents. It is strongly recommended that the Six Core Strategy© approach be imbedded in licensing requirements and integrated into the licensee review process including: 1) leadership, 2) workforce development, 3) using data to inform practice, 4) workforce development, 5) youth/family engagement and roles, and 6) prevention tools (including but not limited to soothing/calming/crisis prevention plans and sensory approaches [integration/modulation/ application throughout the service/connected to transition/discharge plans, and teaching sensory skills to youth and families]). As written, Section 6-8 in the P&P Manual, the CCO regulations, and the CCI rules are limited and give



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insufficient guidance to licensees about the operations, infrastructure, and methods necessary to prevent R/S which is tantamount to treatment cessation and service disruption.

- To effect substantive change and address R/S in MI residential interventions, DCWL should use its licensing/standard-setting authority to advance R/S prevention practice and conduct a thorough review and revision all standard setting documents. At a minimum:
 - Imbed R/S prevention and reduction language in the P&P Manual. Section 6-8. For example, this was referenced in section 6-2 (p. 29): *Review and approve Restraint/Seclusion Training Curricula for Child Caring Institutions (R400.4128 (5)). Refer to 6-8. Rule Required Departmental Approvals for approval requirements.* It is recommended that the framework of the Section and curricula be explicitly changed to: Restraint/Seclusion Prevention/Reduction Curricula and Requirements if Used. It is important to shift the focus from R/S use to preventing/avoiding/not using R/S unless a true life-threatening emergency unfolds (which is seldom the case in most settings). Shift the focus. Move upstream. Put the accent on all the things licensees need to have/do/use to prevent R/S from occurring in the first place.
 - Change the curricula verbiage expectation in the P&P Manual Section 6-8 regarding the curriculum being ‘nationally recognized, accredited, and developed for the population to be served’. There is no R/S curricula standard-setting body. The industry is unregulated and for-profit. None of the R/S curriculums are accredited (there is no accrediting body). National recognition is a laudable expectation, but the true designation is ‘name recognition,’ as none of the R/S companies have received an ‘industry award/recognition’. Only one R/S curricula was developed for children/adolescents (Cornell’s Therapeutic Crisis Intervention [TCI]).
 - Change this verbiage in Section 6-8: *“Documentation must exist either in the training curriculum or in the organization’s policy that includes the use of a trauma-informed approach in relation to the use of crisis intervention, de-escalation and restraint.”* Recognition of trauma is an important to crisis prevention, but the use of R/S is antithetical to a trauma-informed approach. The goal should be for licensees to be trauma-informed and *trauma-responsive*. What should be stated in this section is the commitment to: a) strive to eliminate R/S, b) prevent re-traumatization, c) apply trauma history to R/S prevention strategies, d) debrief and modify the treatment and soothing/crisis prevention plan if R/S is used, e) involve the youth and family (and staff) in a meaningful debriefing process with separate steps to learn, heal



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relationships, and prevent recurrence, f) continually educate and support workforce competency and skill development, g) continually review and update the organization's R/S prevention action plan and h) only use R/S in emergent life threatening circumstances for the least amount of time possible.

- Require every licensee to have an R/S prevention/reduction plan to be continually used and updated no less than annually (if they use R/S).
- Require the development of soothing/calming plans (aka: crisis prevention plans). Soothing/Calming plan verbiage is preferred as it connotes the intent of the plan and is not limited in use to avoid crisis -in other words, it can be used/practiced any time.
- Require the use of sensory based interventions (e.g. with Occupational Therapy consultation, recreational therapy, and include the concepts of sensory integration/modulation) – healing the mind and body, helping traumatized youth learn the skill of calming their body, organizing their thinking and integrating these functional actions.
- Expand the concept and practice of debriefing after an episode of R/S (and other significant acuity events). Use debriefing as a learning process to prevent recurrence and *to heal relationships*. Many providers use a debriefing time to model apology, help restore the damage to relationships, teach relationship repair skills and modify treatment/soothing or crisis plans.
- Expand the focus in the DCWL P&P Manual Section 6-8. Look beyond the number of initial/annual restraint training hours, look beyond the documentation of a post event review to ensure correct techniques were used and assess what is being taught in the curricula? Examine what the curricula emphasizes (verbal vs. physical procedures)? Is the teaching focused on R/S prevention/verbal de-escalation? Look at the sequence of events that lead to the decision to use R/S. Ask if the episode of R/S was warranted? Ask if R/S was used in response to a true life safety emergency? Ask if preventive measures were used? Determine if there is a method and process to learn and prevent recurrence, etc. Determine if the youth/family were involved in a meaningful post event review process? Determine if any changes were made after the



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R/S event to prevent recurrence. The message is: dig deeper than looking at hours and documentation.

- Require licensees to submit their data on a monthly basis and provide systemic R/S reports to licensees no less than quarterly that allows each licensee to assess their use compared to other like providers/licensees.

Priority Recommendation #2: Reduce the Number of Containment Methods & Limit their Use

- It is not clear how many methods of containment are used in DCWL licensed services. The methods identified in Section 6-8 in P&P Manual refer to R/S but mechanical restraint is identified on Attachment 8 & 9 (direct care and social service worker interview forms). The P&P Manual is silent on the use of involuntary medication, but “chemical restraint” is found in the CCO regulations and CCI rules. There appear to be no limits/exclusions of restraint, mechanical restraint, seclusion, or chemical restraint practice. This is excessive. This number of high risk/lethal procedures in child-serving settings is not necessary. As such, it is strongly recommended that DCWL:
 - Prohibit the use of prone restraint (unless medically contraindicated). The collective R/S standards as written are silent on restraint position. The prohibition of prone restraint should be stated and made explicit. Many states have moved away from prone restraint. This a more harmful position than supine restraint and should be faded from use.
 - Mechanical restraint appears to be used but is not identified in Section 6-8 of the P&P Manual. However, two staff interview forms in the Attachments section (Attachments 8 & 9 for direct care and social service workers, respectively) ask questions about mechanical restraint use.

The CCO regulations reference mechanical restraint in the Definition section. The definition states, in part: “*Mechanical restraint does not include use of a mechanical device to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.*” The intent of this provision is unclear. The possible



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interpretation or misinterpretation of this unusual regulatory language is very concerning. The language is inconsistent with the use of mechanical restraint for psychiatric indications. It is strongly recommended this language and practice be eliminated from this regulation.

The CCI rules state: *“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...”* Material restraint is unusual language, not defined, and requires clarification. Ultimately, to elevate practice, reduce the number of coercive/traumatizing procedures. It is strongly recommended that mechanical (and material) restraint use be faded from MI DCWL practice and eliminated.

- “Chemical restraint” is listed in the CCO definitions and CCI rules. The term is outdated. The term of art is “medication restraint” and the practice of medication restraint is one that should not be used in the group care settings included in these standards. Medication restraint occurs in facility-based care with close medical observation/supervision with nursing administration. Involuntary medication should not be used in community-based care.
- Raise the standard for when R/S can be used. The CCI rules are too low a standard: *“To prevent injury to the child, self-injury, or injury to others or as a precaution against escape or truancy...”* Restraint / seclusion should only be used in the face of imminent danger as a life-safety measure of last resort. This CCI rules do not meet this standard.
- Limit who can use R/S. The different standard setting documents simply require that staff are trained before participating in R/S. Other states/programs have gone further and require at least 3 months of observation, de-escalation skill development, competency mastery in dispute resolution/negotiation, etc. Raise the bar. This is a lethal procedure. It requires those who authorize and participate in this violent emergency procedure use it judiciously, with keen critical judgement, and with compassionate skill to minimize use/duration.

Limit the duration of restraint. The P&P Manual Section 6-8 is silent on this and should be explicit. The CCO regulations identify outside timeframes based on age for



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youth served (4 hours 18+, 2 hours 9-17, 1 hour <9). These are time designations were established by CMS for inpatient facilities and youth at higher acuity/psychiatric need – not community-based care. The longer the duration, the higher the risk of fatality or physical/emotional injury to youth and staff. Many states have reduced R/S duration, many have cut the maximum order in half and some have gone further, for example, Oklahoma child welfare services limits restraint episodes to 5 minutes, seclusion is not used.

- Eliminate the use of seclusion. The word seclusion is only mentioned once in Section 6-8 of the P&P Manual. As noted above, the P&P Manual standards are silent on duration and the CCO timeframes are not applicable (as identified above) and should be reduced. The CCI rules do not articulate specific durations but require an administrative review for seclusion events lasting longer than 3 hours. This is excessive. The potential for R/S abuse is significant without clear parameters and strong oversight required for any episode lasting longer than 15 minutes until seclusion is eliminated.
- Until seclusion is eliminated, further limit the duration of seclusion by making the oversight requirements identical to the use of restraint. Currently, the CCO regulations indicate that youth in restraint will be evaluated for well-being and have a face to face assessment conducted after 15 minutes have passed, however the same review requirements will not occur for a youth in seclusion until 30 minutes have passed. This makes no sense. It needlessly doubles the duration of seclusion episodes, compounding the traumatic impact to the youth and disruption to treatment and service operations.
- Limit the duration of R/S episodes by changing the CCO release criteria. As currently written, it is highly interpretable: *722.112 Sec. 2e. (1) A minor child shall be released from personal restraint or seclusion whenever the circumstance that justified the use of personal restraint or seclusion no longer exists. Restraint is often used inappropriately by staff who have insufficient judgement/skills. The release criteria should simply be stated as ‘when the child has calmed.’*



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- Change R/S documentation criteria. Currently the CCO standards require the documentation to include, in part, a description of, *“The emergency safety situation that required the resident to be personally restrained or secluded.”* As stated, this criterion presumes the staff’s judgement and decision making is reasonable. Often this is not the case and R/S is not ‘required’. Instead R/S is used because of flawed staff judgement. As stated, this criterion puts the onus/responsibility/blame for the episode of R/S on the youth. R/S is an adult/staff decision and action. Change the verbiage to reflect this. Consider restating as: *“The situation that resulted in the staff’s decision to use R/S.”*
- Change ‘behavior management’ verbiage (CCI rules: R 400.4157). This is an outdated term and connotes a focus on external containment of the youth. The term of art is now ‘behavior and emotional support’ which connotes the intent to help youth develop internal skills to self-manage. Update and revise the Behavior Management section (CCI rules) to explicitly fade/eliminate the use of point/level systems which are not evidenced-based or directed practice and typically lead to great conflict/upset, and are inconsistent and contra-indicated for youth with trauma histories.
- Eliminate the use of “behavior management rooms” (P&P Manual, p. 42, p. 145). These rooms were not defined, and it is not clear how they are being used. As shared above, “behavior management” is an outdated term to connote methods to exert external control. The preferred thinking, practice and language is “behavior and emotional support” to promote methods to teach youth social skills and internal self-control in order manage upset/conflict and difficult situations that could lead to R/S.
- In section 6.2 (p. 42), the Field Analyst will review sample of R/S records. If R/S prevention/reduction is to be a priority for DCWL, then make the review rigorous and meaningful. Look at multiple years of R/S data/trending, look at their R/S prevention/reduction plans, look at each of the Core Strategies (leadership, workforce development, using data to inform practice, prevention tools, youth/family roles and debriefing) and how they are being used (or not), look at youth who were subjected to R/S the most and drill down on what R/S occurred and what was done to remedy and prevent recurrence. Review the youths’ treatment plans. Were treatment or



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soothing/crisis plans changed after R/S use? If not, then there is a problem with the capacity of the residential intervention to be effective.

Building Bridges Initiative Best Practices:

Priority Recommendation #1: Change Organizational Culture & Verbiage

- This is a bold recommendation. Consider, at least in your policies and procedures, referring to your Division and your work as “***child and family welfare.***” The term “child welfare” hides and annexes the focus and importance of the family. The family is not acknowledged and removed from visual representation. The family concept/construct is hidden and that failure to acknowledge and include begins the process of separating the youth from their family, fragments thinking, interventions, and systemic practice. To push the system forward, consistent with BBI and FF, consider renaming/rebranding your work to include and represent in the affirmative - the role and position of the family. Put the family in your focus and field identity.
- Similarly, change “child welfare programs” to “*child and family welfare services*” or “*child and family welfare interventions*” and move beyond traditional bricks and mortar verbiage to time-limited intervention language that includes the concept of family and focuses on returning youth to the home/community/family.
- Likewise, the CCO statutory language (Act 116 of 1973) establishing the regulations for Child Care Organizations is silent on families. When statutory changes are anticipated, add “*and family*” to this service designation.
- Where possible, connect language of *youth and family*, and not just say “child” or “youth”, independent of one another. The more the verbiage that states “youth and family” and connects them, the less we will silo treatment interventions and planning efforts. Writing and stating “youth and family” reminds everyone that children exist in the context of a family and belong to a family – even when it is fractured, limited by the courts, etc.
- Replace “customer” with “youth and families served”. The CSA DCWL staff work for MI youth and families. Make it explicit. It communicates respect and value and does not diminish their role/identity to a generic classification or label.
- Also, if possible, consider not using the term, “resident.” It neutralizes the youth to an affiliation with the program and no longer a child who is connected to a family.
- Change ‘family visit’ language (noted in the CCI Rules: *R 400.4122 Resident and parent visitation*) to ‘spending time with family’ or ‘family time.’ Children do not visit their families.



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'Family visit' language is subtle semantic detachment and minimizes the connection/relationship/roles.

Priority Recommendation #2: Engage & Include Youth and Families

- Add soliciting youth/family feedback as part of onsite inspections, annual reviews, and other review/quality improvement processes. Meet with youth and families separately. Have youth tour with licensors separately. Licensors will get frank feedback that likely differs from licensee perspective. Make the role of licensing relevant and useful to improved service delivery by engaging those served as quality improvement experts. By involving youth and families, DCWL will communicate the value DHHS places on MI consumer experience and perspective.
- The P&P Manual includes a final chapter (Chapter 12) with many Interview form attachments, including #7: Residential Youth Interview Form. Consider organizing a focus group of youth to review and revise this form. A number of elements are essential, and these types of questions are well known and frequently asked of youth (typically problem-oriented). Consider looking at other dimensions to effectively engage youth in this process. Ask them about their hopes, dreams and wishes. Find out if the residential service has asked these questions or focuses on their interests, hobbies, or ways they find joy or have fun. You open up the future and help them think beyond the situation they are currently in when you query in a different direction.
- There are many procedures outlined in the P&P Manual (e.g. adverse actions, reassignment and replacement of children, incidents, alerts, etc.). Where relevant notifications are required, add notification to the family in the protocol. Notification may be implicit in practice but if it is not stated, the role/authority of the parent/family may be marginalized or diminished.
- Identify the youth's goals and the family's goals explicitly in the treatment plan (CCI rules).
- For youth with no reunification goal, please consider requiring that Permanency be the number one treatment goal in the treatment plan (CCI rules). Prioritize permanency. Create aggressive timeframes. This is a crisis for the child and beginning of profound detachment and social damage/impairment and is highly disruptive to the goal of youth achieving successful adulthood.
- Make treatment plan goals observable, measurable, and progress identified with specific data points (CCI rules). Evidence informed/directed practice is essential for accountable, quality care. Data also makes the focus of care explicit.



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Consider adding the requirement that youth and families participate in licensee hiring practices (e.g. reviewing job descriptions, developing a list of questions, interviewing candidates, participating in new employee orientation/onboarding practices, etc.). This is powerful, no-cost programmatic advancement that strongly communicates the value a funder and licensee places on those they serve.

Thank you for the opportunity to review the Michigan CSA DCWL standard-setting documents. We hope this feedback is useful to your next steps. If there are any questions regarding this feedback, please contact Dr. Janice Lebel (978-395-6909; jlebel@comcast.net) or Beth Caldwell (413-717-0855; bethanncaldwell@gmail.com)



Division of Child Welfare Licensing
Policies & Procedures

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Division of Child Welfare Licensing

POLICIES and PROCEDURES

This document describes uniform Policies and Procedures governing the work of the Division of Child Welfare Licensing within the Department of Health and Human Services, Children’s Services Agency.

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Chapter 1 - GENERAL PROVISIONS

1.1. Purpose and Scope

This Policy and Procedure Manual establishes uniform policies and procedures for the Division of Child Welfare Licensing (DCWL). DCWL evaluates the child caring organizations for compliance with the administrative and programmatic standards as defined by Act No. 116 Of The Public Acts of 1973, As Amended (Act 116); Child Placing Agency, Child Caring Institution and Court Operated Facility (Child Care Organizations – CCO) rules; the Department of Health and Human Services’ (DHHS) standard contract and all contract amendments; Departmental policy, Michigan statutes; and federal regulations including the Implementation Sustainability and Exit Plan (ISEP).

1-2. Children’s Service Agency Vision and Mission

Vision:

MDHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

Mission:

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed and responsive approaches.

Division of Child Welfare Licensing Mission:

To ensure the protection of children who are receiving care from licensed agencies and facilities by enforcing rules and laws such as the Child Care Organizations Act (1973 PA 116).

1-3. Overall Policy

DCWL shall protect the wellbeing of the children placed in CCOs for care and supervision, as well as protect the interests of the State and the Department by conducting reviews that assess CCOs for compliance with Act 116, CCO rules, contract provisions, policies, and federal and state laws including ISEP. Inspections completed by DCWL shall be considered an independent investigation. As such, DCWL staff are required to avoid any actual or perceived conflicts of interest. DCWL shall provide accurate, timely, and factual information so the Director of Children’s Services Agency and other Department personnel may carry out their responsibilities. DCWL staff shall demonstrate respect for CCOs, and shall collaborate with CCOs in the development of corrective action plans (CAP), to the

extent possible, without compromising the overriding need to provide independent investigations.

DCWL will:

Conduct annual inspections in the area of child and family welfare services. Reviews will focus on performance of CCOs. Reviews will also include child/youth/family input and perspective.

Conduct special investigations.

Provide technical assistance and consultation.

Conduct annual home visits and interviews with (?? Staff, youth and families) to assess safety and service provision.

Conduct additional on-site reviews as indicated (e.g. acuity, critical events, etc.)

Monitor residential intervention outcomes for youth/families

Monitor race, equity and inclusion outcomes

Monitor acuity indicators as threats to quality service delivery

Review positive and negative performance measures as intervention effectiveness.

Provide training to certification workers and supervisors.

Review and approve requests and recommendations submitted to DCWL as required.

Represent the DCWL and Maltreatment in Care (MIC) at administrative hearings.

Process and issue licenses, modifications and changes.

Evaluate applicants for licensure.

1-4. Organizational Structure

Regulatory oversight is a statewide function, located within the Department of Health and Human Services – Division of Child Welfare Licensing. DCWL is composed of:

Field Consultants who are trained to conduct inspections.

Field Analysts who are trained to conduct annual home visits and interviews to assess safety and service provision.

Central Office Consultants who provide training to certification workers and supervisors and review and approve requests and recommendations submitted to DCWL as required.

Disciplinary Action Unit Analysts who represent DCWL and CPS – Maltreatment in Care (MIC) in administrative hearings.

Central Office Support Staff who process, issue licenses and make license modifications; complete clearances and disseminate criminal record history information.

Fingerprint Unit Staff who receive, assess and process criminal record history information; ensures compliance with FBI requirements.

Area Managers who are responsible for supervision and oversight of field consultants and field analysts.

Central Office Managers who are responsible for supervision and oversight of Central Office personnel.

DCWL Division Director who is responsible for the overall supervision and oversight of the Division and reports to the Children's Services Agency Executive Director.

All of the DCWL roles and functions uphold the mission of DCWL and the mission and vision of the Children's Services Agency

1-5. Definitions

Administrative Hearing: A quasi-judicial proceeding held by the Department at which an administrative law judge listens to the evidence presented by the licensing authority and the applicant or licensee named in the intended action. The purpose of the hearing is to recommend to the Department Director whether there is sufficient evidence of existing licensing violations that supports the intended action. The standard for making the recommendation is a preponderance of evidence – i.e. more likely than not.

Affidavit: A written statement of facts made voluntarily and under oath before a notary public or other statutory authorized official.

Approval: An action whereby a governmental organization is identified as meeting the requirements of licensing.

Approved Governmental Unit: A type of CCO. A court is an approved governmental unit if the court has been authorized to certify foster homes for licensure.

Area Manager: Responsible for direct supervision of the field consultants, field analysts and support staff. The area manager is also responsible for training staff, reviewing and approving work schedules, providing oversight to assigned staff daily activities, and assuring the quality of written reports.

Bureau Information Tracking System (BITS): The database system for logging and tracking licensing activity. Licensing transactions and generating reports are also completed through the system.

Consultant Workload Report: A report generated from BITS for field consultants and managers to track and monitor the assigned workload.

Consultant Workload Summary: A report generated from BITS for managers to track and monitor the assigned field consultant workload.

Special Investigation Report: A report generated from BITS for field consultants and managers to track and monitor the status of Special Investigations.

Summary Sheet: A BITS report that is generated by field consultants and managers to show the history of alleged and cited rule non-compliances/violations for a specific CCO.

Capacity: The maximum number of individuals for whom the licensee is authorized to provide care at one location or building, at any one time.

Central Office Consultant: Responsible for reviewing requests for licensure, issuing foster home licenses, reviewing and processing variance requests, and foster home placement exception requests. Responsible for developing and delivering certification and complaint training to licensing workers and supervisors. Provides technical assistance related to certification and complaints to child placing agencies.

Child Caring Institution (CCI): “A child care facility that is organized for the purposes of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the child caring institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution includes a maternity home for the care of unmarried mothers who are minors and an agency group home that is described as a small child caring institution owned, leased or rented by a licensed agency providing care for more than 4 but less than 13 minor children. Child caring institution also includes institutions for mentally retarded or emotionally disturbed minor children. Child caring institution does not include a hospital, nursing home, or home for the aged licensed under article 17 of the public health code 1978 PA 368, MCL 333.20101 to 333.22260, a boarding school licensed under section 1335 of the revised school code, 1976 PA451, MCL 380.1335, a hospital or facility operated by the state or licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, or an adult foster care facility home or an adult foster care small group home licensed under the adult foster care facility licensing act, 16979 PA217, MCL 400.701 to 400.737, in which a child has been placed under section 5(6).” (Act No. 116 Of The Public Acts of 1973, As Amended)

Child Care Organization (CCO): “A governmental or nongovernmental organization having as its principal function receiving minor children for care, maintenance, training, and supervision, notwithstanding that educational instruction may be given. Child care organization includes organizations commonly described as child caring institutions, child placing agencies, children's camps, children's campsites, children's therapeutic group homes, child care centers, day care centers, nursery schools, parent cooperative preschools, foster homes, group homes, or child care homes. Child care organization does not include a governmental or nongovernmental organization that does either of the following:

Provides care exclusively to minors who have been emancipated by court order under section 4(3) of 1968 PA 293, MCL 722.4.

Provides care exclusively to persons who are 18 years of age or older and to minors who have been emancipated by court order under section 4(3) of

1968 PA 293, MCL 722.4, at the same location.” (Act No. 116 Of The Public Acts of 1973, As Amended)

Child Placing Agency (CPA): “A governmental organization or an agency organized under the nonprofit corporation act, 1982 PA 162, MCL 450.2101 to 450.3192, for the purpose of receiving children for placement in private family homes for foster care or for adoption. The function of a child placing agency may include investigating applicants for adoption and investigating and certifying foster family homes and foster family group homes as provided in this act. The function of a child placing agency may also include supervising children who are at least 16 but less than 21 years of age and who are living in unlicensed residences as provided in section 5(4).” (Act No. 116 Of The Public Acts of 1973, As Amended)

CHRI: The information contained in the results of the fingerprint-based criminal history is considered Criminal History Record Information (CHRI) in the CJIS Security Policy. CHRI is defined as "any notations or other written or electronic evidence of an arrest, detention, complaint, indictment, information or other formal criminal charge relating to an identifiable person that includes identifying information regarding the individual as well as the disposition of any charges.”

Compliance: A licensing staff determination that an applicant or licensee has demonstrated that the requirements of the statute, rules, ISEP, policy and or contract have been met.

Consultation: Skill, knowledge, and information provided by the field consultant to improve practice and/or service.

Contractor: A licensed, private Child Placing Agency or Child Care Institution that is under contract with the Department of Health and Human Services to provide child welfare services.

Corrective Action Plan (CAP): The written plan submitted by the CCO to correct any violation noted in the Inspection or Special Investigation Report.

Disciplinary Action Unit (DAU)/Organizational Support Unit (OSU) Manager:

Responsible for direct supervision of DAU analysts and OSU staff. Ensures DCWL’s compliance with criminal record history information requirements and complaints received are transferred for investigation.

DCWL Director: Responsible for the overall functioning of the Division, including supervising the DCWL managers, ensuring that activities are representative of the DCWL mission, and supporting the vision and values of the Department. The DCWL Director reports directly to the Executive Director of the Children’s Services Agency.

Department: The Michigan Department of Health and Human Services (DHHS).

Deposition: The word-for-word transcription of the testimony of a witness conducted under oath outside of the courtroom.

Disciplinary Licensing Action: An action taken by the Department to deny the issuance of a license, refuse to renew a license, revoke a license, or modify a license to provisional status or change the terms of a license against the wishes of the licensee.

Discovery: The process by which one party to a civil suit can find out about matters which are relevant to the case, including information about what evidence the other side has and what witnesses will be called. Examples of discovery are depositions and interrogatories to obtain testimony; requests for documents or other tangibles; or requests for physical or mental examinations.

Due Process: The right of redress through legal proceedings carried out regularly and in accordance with established rules and principles.

Evidence: Any fact which provides proof of compliance or violation/non-compliance of laws, rules, or terms of the license such as affidavits, eye witness observations, statements of involved parties or required written material.

Facility: The common name of the licensed CCI or agency.

Failure to Report Suspected Abuse/Neglect Violation: The failure of a CPA or CCI to report suspected abuse or neglect of a child to DHHS shall result in an immediate investigation to determine the appropriate corrective action plan up to and including termination or modification of relevant portions of a contract, or placement of the provider on provisional licensing status. A repeated failure within one year shall result in a review of the agency's violations by the designated Administrative Review Team.

Field Analyst: Conducts annual **home visits** and interviews to assess safety and service provision within licensed foster homes and unlicensed caregiver homes.

Field Consultant: Responsible for observing, reviewing, and reporting the information necessary to determine whether the CCO is in compliance with the terms and conditions of Act 116; Child Placing Agency, Child Caring Institution or Court Operated Facility rules; the Department's standard contract and all contract amendments; Departmental policy; Michigan statutes; and federal regulations including ISEP. Consultants must be specifically trained to conduct inspections and investigations. Provides consultation and technical assistance, renews and modifies licenses, and attends administrative hearings.

Field File: A file maintained by a field consultant for each CCO that contains office licensing material, including all inspection and investigation reports, variances,

applications, and fire and environmental inspections. Except for variances, article of incorporation, original application, and original LSR, information beyond three years should be purged.

Hearsay: What someone says they heard someone else say. Generally, hearsay is inadmissible as evidence in a court or administrative hearing, though there are exceptions.

Inspection: A systematic and objective examination to determine compliance with the licensing statutes and administrative rules, the ISEP, Departmental policy and contract.

Intended Licensing Action: The action which represents the Department's intent to take a specific licensing action.

Interim Inspection: The annual inspection conducted by a field consultant, on-site at the CCO for the purposes of determining adherence with Act 116; Child Placing Agency, Child Caring Institution and Court Operated Facility rules; the Department's standard contract and all contract amendments; Departmental policy; Michigan statutes and federal regulations including ISEP. Interim Inspections are conducted during the non-renewal year of the licensing period.

License Types:

- CCI-Children's Therapeutic Group Home (CM)
- Court Operated CPA (CA)
- Court Operated Facility (CO)
- DHHS Operated Child Caring Institution (CS)
- MDHHS Child Placing Agency (CP)
- Non-MDHHS Government Operated Child Caring Intuition (CE)
- Non-MDHHS Government Child Placing Agency (CN)
- Private Non-Governmental CCI (CI)
- Private Non-Governmental CPA (CB)

License: Authorization to conduct an activity which would otherwise be prohibited.

Licensee: As defined by Act 116, "a person, partnership, firm, corporation, association, nongovernmental organization, or local or state government child care organization that has been issued a license under this act to operate a child care organization."

License Terms: The conditions authorized for the operations of the facility or agency; may include capacity, age range, sex, location and services.

Licensee Designee: As defined by Act 116, “the individual who is authorized by the board of directors, or the governing body for a public agency, to act on behalf of the corporation or organization on licensing matters.”

Licensing Recommendation: The recommendation which represents the field consultant’s judgement as to the appropriate licensing action that should be taken.

Licensing Study Reports (LSR): The official document which describes findings of an original, renewal, or interim licensing inspection; including areas of compliance and violation, and a recommendation for regulatory action to be taken by the Department.

MDHHS Non-Discrimination Statement: The Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability. The statement applies to all MDHHS staff, private child placing agencies and child caring institutions in the provision of services under contract, grant, or subcontract with MDHHS. This is applicable to the provision of services to MDHHS supervised children and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children including MDHHS supervised children assigned to a contracted agency. Pursuant to the Dumont Settlement, for the avoidance of doubt, policies and practices prohibited under the non-discrimination provision include, without limitation,

Turning away or referring to another contracted CPA an otherwise potentially qualified LGBTQ individual or same-sex couple that may be a suitable foster or adoptive family for any child accepted by the CPA for services under a contract or a subcontract;

Refusing to provide orientation or training to an otherwise potentially qualified LGBTQ individual or same-sex couple that may be a suitable foster or adoptive family for any child accepted by the CPA for services under a contract or a subcontract;

Refusing to perform a home study or process a foster care licensing application or an adoption application for an otherwise potentially qualified LGBTQ individual or same-sex couple that may be a suitable foster or adoptive family for any child accepted by the CPA for services under a contract or a subcontract; and

Refusing to place a child accepted by the CPA for services under a contract or a subcontract with an otherwise qualified LGBTQ individual or same sex couple suitable as a foster or adoptive family for the child;

in each case, without regard to whether such individual or couple has identified any particular child for foster placement or adoption.

MiSACWIS (Michigan Statewide Automated Child Welfare Information System):

The database system for logging and tracking activity related to children's case management, certification of foster homes, and completion of adoptions.

Noncompliance/Violation: A violation of Act 116, an administrative rule promulgated under the act, the terms of a license or certificate of approval, ISEP, Department policy, and/or contract.

Notice of Intent: The notice which conveys the Department's intent to take a disciplinary licensing action.

Numbered Provisional License: Per Act 116, 722.117a, "A provisional license may be issued to a child care organization which is temporarily unable to conform to the rules.... A provisional license expires 6 months from the date of issuance and may be issued not more than 3 times...At the end of the 6 months, the department shall either issue a regular license, refuse to renew the license as provided in section 11, or modify to a provisional license..." The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan to overcome the deficiency present in the child care organization within the time limitations of the provisional licensing period. 722.117a, (3), "The department may modify the license of a child care organization to a provisional license when the licensee willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license..."

Original License: Per Act 116, 722.117, "An original license shall be issued to a new child care organization during the first 6 months of operation. An original license expires in 6 months after the date of issuance..."

Period Under Review (PUR): The inspection period that begins with the date of the exit conference of the last annual inspection to the date of the entrance conference. This applies to renewal and interim inspections.

Placement Agency Foster Care (PAFC): A private child placing agency under contract with the Department that provides foster care and adoption services.

Policy: The requirements detailed in the Department's Children's Protective Services Manual (PSM), Children's Foster Care Manual (FOM), Adoption Services Manual

(ADM), Juvenile Justice Residential (JJR), Service General Requirements Manual (SRM), and/or Juvenile Justice Field Services (JJFS) Manual.

Program Manager: Responsible for direct supervision of Central Office consultants, analysts, and support staff. The program manager is also responsible for the review and processing of Administrative Review Requests and represents the division in Department's meetings and projects.

Refusal to Renew: Per Act 116, 722.121 Sec. 11(2), Action taken against a license when the licensee willfully and substantially violates the Act and/or licensing rules. Recommendations for refusal to renew shall only be made as a result of violations found during a renewal inspection.

Regular License: A license issued to a CCO that is in compliance with all licensing rules promulgated under Act 116 or in substantial compliance with an approved CAP.

Reminder Packet: The BITS report generated for field consultants and managers to monitor workloads, assignments, and due dates.

Renewal Inspection: The annual inspection conducted by a field consultant, on-site at the CCO, for the purposes of determining compliance with Act 116; Child Placing Agency, Child Caring Institution and Court Operated Facility rules; the Department's standard contract and all contract amendments; Departmental policy; Michigan statutes and federal regulations including ISEP. Renewal Inspections are conducted in advance of the expiration date of the license.

Residential Foster Care (RFC): A private child caring institution under contract with the Department that provides residential services to foster children in a child caring institution.

Revocation: Per Act 116, 722.121, Section 11 (2), "The department may deny, revoke, or refuse to renew a license of a child care organization when the licensee or applicant falsifies information on the application or willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license."

Serious Incident Report (CWL-4605): Serious injury, accident or child death as defined in CCI Rule 400.4150 and CPA Rule 400.12415.

Security Awareness Training (SAT): Required training for all personnel, contractors, vendors and external auditors who have access to fingerprint based CHRI. Michigan State Police approved SAT is accessed through the Learning Management System and or the DHHS public website.

Special Investigation: The investigation conducted by DCWL, of alleged noncompliance/violation. The investigation occurs outside the parameters of an Interim or Renewal Inspection.

Special Investigation Report (SIR): The official document which describes the findings of a special investigation; including areas of compliance and violation, and a recommendation for regulatory action to be taken by the Department.

Subpoena: A written order to cause a witness to appear at a hearing or conference and/or to provide testimony or documents. There are two kinds of subpoenas:

Administrative: A written document issued by an administrative agency which commands a person to appear to testify or to produce certain documents.

Judicial: A written document which commands a person to appear in court to testify as a witness or to appear at an arranged deposition hearing. Failure to respond to a court-issued subpoena is subject to penalty of law.

Substantial Violation: See R 400.16001. Definitions. This rule is promulgated under the authority of both Act 116 and Act 218, "A noncompliance with the Act, the licensing rules promulgated under the Act, or the Terms of the license that jeopardizes the health, safety, care, treatment, maintenance, or supervision of children or adults receiving services or, in the case of an applicant, children or adults who may receive services."

Technical Assistance (TA): Information or direction provided by the field consultant about how to improve compliance with a particular statute, rule, contract, policy or ISEP item. TA is provided in instances where the CCO is technically in compliance with the requirement; however, compliance is viewed as marginal and the CCO is at risk of a future finding of noncompliance if practice is not modified.

Unannounced Site Visit: Visits completed by DCWL where the CCO has not been provided with the site visit date.

Variance: An allowable alternative to meeting the specific requirement of a rule as approved by the DCWL director.

Willful Violation: An applicant or licensee has received a copy of Act 116, the licensing rules promulgated under the Act, and the terms of a license knew or had reason to know that his or her conduct was a violation of the Act, the licensing rules promulgated under the Act, or the terms of the license.

Writ of Mandamus: A written order of a court commanding a public official, public body or lower court to perform a specific duty.

Zoning Authority: A public body of a city/village, township or county that has the regulatory responsibility for prescribing the use or uses of designated land. [PA 116 722.121(11)(3)].

Chapter 2 – STANDARDS OF CONDUCT FOR DCWL STAFF

2-1. Policy

DCWL shall expect the highest ethical and professional standards of behavior for its staff.

Staff shall exercise honesty, integrity, objectivity, and diligence in the performance of their duties and responsibilities.

Staff shall exhibit loyalty in all matters pertaining to the affairs of the State, the Department, and to DCWL.

Staff shall not knowingly be a party to any illegal activity.

To the greatest extent possible, staff shall avoid behaviors that could be perceived as creating a potential conflict of interest, even when an actual conflict does not exist.

2-2. Ethical Standards and Conduct

Employment in the state classified service, demands a high degree of loyalty and imposes high ethical standards on employees to ensure the integrity of state government and to maintain effective services. All employees must meet these ethical standards and all appointing authorities are obligated to enforce these ethical standards.

The Ethical Standards and Conduct Rule (Civil Service Rule 2-8) serves to promote and protect the integrity of government. It is incumbent upon each member of the DCWL to be knowledgeable concerning his/her personal responsibility in these areas.

Particular attention is to be paid to the following prohibitions:

A classified employee shall not do any of the following:

Divulge or release, for financial gain for the employee or a member of the employee's immediate family, any confidential information that is not by law, rule, regulation, or court order available to members of the general public. However, this subsection does not prohibit an employee from disclosing to a public body a violation or suspected violation as authorized in rule 2-10 [Whistleblower Protection] unless otherwise prohibited by statute, court order, or professional ethics.

Engage in or agree to engage in, for financial gain for the employee or a member of the employee's immediate family, any business transaction or private arrangement that accrues from or is based on the employee's official

position or on confidential information gained by reason of the employee's position.

Solicit, accept, or agree to accept anything of value (1) from any designated representative or (2) under any circumstances that could reasonably be expected to influence the manner in which the employee performs work or makes decisions. Employees are prohibited from soliciting or accepting anything of value that would cause them to be influenced in the discharge of their responsibilities.

Make available any consideration, treatment, advantage, or favor beyond that which is generally granted or made available to others under similar circumstances.

Exercise any decision-making authority of the state regarding any state regulation, enforcement, auditing, licensing, or purchasing with respect to any business or entity in which the employee or a member of the employee's immediate family has any financial interest.

Engage in supplemental employment that conflicts with the satisfactory or impartial performance of the employee's state duties.

Employees are expected to conduct themselves in a manner that favorably reflects upon the state, the Department and themselves.

2-3. Minimum Expectations for DCWL Staff

Treat all persons-served (youth, families), public and private agency staff with courtesy, respect, and dignity, and present a positive image.

Perform all rule, policy and DCWL assigned work activities in accordance with Act 116, the administrative rules and program requirements and approved Department timeframes.

Initiate appropriate action after learning that the action(s), or lack of action by a licensed or unlicensed program, have created a serious threat to the health, safety or welfare of any Department client, state employee or member of the public.

Report, discuss and document the failure of a licensed or unlicensed program to comply with Act 116, the administrative rules, ISEP, policies and contract requirements.

Keep their supervisor fully informed of their whereabouts, activities, pertinent issues, upcoming events and potential problems.

Demonstrate effective oral and written communication skills in daily work.

Support the DCWL and Department, and work with others to accomplish the goals of the DCWL and Department.

Adhere to established safety procedures and practices in the field and in the work area.

2-4. Conflict of Interest

DCWL staff are required to render impartial and unbiased judgments in their review of licensed and unlicensed programs with the terms and conditions of Act 116, the administrative rules, ISEP, policy and contract requirements.

In cases where potential conflict of interest is noted, the area manager shall determine if the staff person is to participate in the assigned work activities.

DCWL staff will not be assigned to monitor programs in which they have been employed within the previous five years.

If the area manager has a conflict of interest the DCWL director shall make the determination.

If the DCWL director has a potential conflict of interest, the Children's Services Agency executive director shall make the determination.

2-5. Department Values

DCWL staff are expected to demonstrate, model and reinforce the Department's core values of integrity, inclusion, teamwork and excellence. DCWL staff will demonstrate these values at all times in their interactions with co-workers, supervisors, and youth and families served; in their personal contributions to work assignments and projects; and when representing the Department or the state.

2-6. Reporting Misconduct

DCWL staff who have reason to believe that misconduct or a violation of the Ethical Standards and Conduct Rule may have been committed by another Department employee, a former Department employee, or any other individual whose acts might affect the Department, shall report this knowledge as follows:

A misconduct report involving DCWL personnel (managers, consultants, analysts, general office, support and supervisors) shall be submitted to the DCWL director.

A misconduct report involving the DCWL director shall be reported to the Children's Services Agency Executive director.

Suspected or confirmed falsification of records or travel vouchers by a Department employee will be referred to the Department's Inspector General.

2-7. Reporting Suspected Abuse and/or Neglect

All DCWL staff are mandated by Public Act 238 to report suspected child abuse or neglect. This includes hearsay information the staff member believes has not been or will not be reported to Centralized Intake - Children's Protective Services.

2-8. Reporting Alleged Program Non-Compliance

If DCWL staff become aware of possible non-compliance with Act 116, administrative rules, ISEP, policies or contract requirements in a licensed or unlicensed program not assigned to them, they will immediately report the allegations to the assigned DCWL consultant and manager.

If DCWL staff become aware of possible non-compliance with the MDHHS anti-discrimination provision in a program contracted or subcontracted with the Department not assigned to them, they will immediately report the allegations to the assigned DCWL consultant and manager.

If DCWL staff become aware of the possible operation of an unlicensed program they will immediately notify their manager.

Chapter 3 - SERVICE OVERSIGHT

3-1. Policy

The oversight of a licensee's performance is the responsibility of multiple entities, both internal and external to the Department. All of these entities contribute information that is critical to evaluating a licensee's performance at both the micro (case management) level and at the macro (licensed provider) level.

3-2. Entities Involved in the Oversight of a Licensee's Performance

The following entities provide oversight activities related to the licensee's performance:

The MDHHS Purchase of Service (POS) Monitors and Supervisors

The Department is responsible for oversight of each contracted foster care case. Oversight includes but is not limited to: verification of Medicaid activation; ensuring payments are accurate and processed timely; financial eligibility determinations and service approvals are accurate and complete; assisting with resolution of court and community stakeholder concerns over case handling and service delivery; and monitoring case activities to assure children and families are receiving intended services. Together with the Office of Child Welfare Services and Support (CWSS), the applicable Business Service Center (BSC), county office directors and their management teams, MDHHS POS monitors are responsible for ensuring ongoing, collaborative relationships exist with contracted private agencies so that barriers to successful case management and case specific transactions are identified and addressed in a timely and efficient manner. The BSCs, CWSS and local office staff may file a complaint with DCWL.

Direct Service Staff

Direct service staff include foster care, adoption, licensing, and juvenile justice (JJ) workers and supervisors. The direct service staff are responsible for all case management activities as detailed in Act 116, the administrative rules, ISEP, contract and policy requirements. Concerns that the direct service staff may have related to the provision of services are to be addressed with his or her immediate supervisor and if appropriate with DCWL. Documentation of such concerns and resolution are to be maintained in the child's case record.

The Court

In the Court's role as a temporary or permanent custodian for the child, the Court (Judge and/or Referee) is responsible for holding at least quarterly

review hearings and for reviewing the placement of the child and the permanency plan. The Court may address concerns regarding the provision of services by a licensee directly with the licensee, the POS monitor, the direct service staff, and the Assistant Attorney General representing the Department. The Court may also file a complaint with DCWL.

The Child's Assigned Guardian Ad Litem (GAL)

The child's GAL represents the child's best interest in all court proceedings.

The GAL is required to meet with the child before each hearing, as well as to review the licensee's case file and reports. Concerns that the GAL may have related to the provision of services by a licensee are to be addressed with the licensee, the Court, the direct service staff or the POS worker. The GAL may also file a complaint with DCWL.

The Division of Child Welfare Licensing (DCWL)

DCWL is responsible for determining the compliance with Act 116, the administrative rules, ISEP, policy and contract requirements.

The Office of the Family Advocate (OFA)

Provides objective case reviews of adoption and foster care cases in response to concerns raised by citizens, the Office of the Children's Ombudsman or others. The OFA shares their report of findings with the Licensee, CSA Executive Director and DCWL.

The Office of the Children's Ombudsman (OCO)

The OCO conducts independent investigations related to Children's Protective Services, child deaths, adoption or foster care. Copies of its findings are shared with the OFA, the involved county DHHS office and the private child placing agency. The OFA provides copies of the OCO reports to the DCWL director, who forwards reports to the appropriate DCWL manager.

The Bureau of Grants and Purchasing (BGP)

The Bureau of Grants and Purchasing (BGP) is responsible for the procurement of goods and services for the Department. This includes purchases to support the operational needs of the Department as well as issuing all direct human services contracts that provide services to clients. The Purchasing Division processes all procurement of goods and services relative to general operations, administers the Procurement Card program, and processes procurement contracts utilized for clients. The Grants Division is responsible for processing all department-originated grant agreements, and supports the financial infrastructure that advances the goals of the Bureau.

PREA (Prison Rape Elimination Act) Coordinator

The PREA coordinator provides compliance oversight of licensed Juvenile Justice CCIIs with PREA standards as required by the Department of Justice.

CPS Maltreatment in Care (MIC)

MIC is a specialized unit within CPS that investigates licensed providers regarding allegations of abuse and neglect. MIC investigators conduct joint investigations with DCWL and LARA consultants. Their completed reports are provided to the assigned field consultant.

Child Welfare Services and Support (CWSS)

Child Welfare Services and Support-Performance Based Child Welfare Unit provides support and technical assistance to private child placing agencies to assist providers with their improvement efforts. Private agency analysts review and analyze reports on a continuous basis to identify areas of inquiry that require attention such as trends in performance over time, performance concerns or exceeds performance.

3-3. General Regulatory Oversight Responsibilities of DCWL Field Consultants and Field Analysts

The responsibilities of DCWL are described throughout the DCWL Policy and Procedure Manual, and include the following activities:

- Scheduling the original, interim and renewal inspections
- Preparing for the inspections
- Conducting the inspections
- Completing the inspection reports
- Completing home visits and interviews to assess safety and services
- Ensuring resolution of Safety Alerts
- Reviewing and approving/denying Corrective Action Plans (when applicable)
- Issuing licenses; processing any changes to a license (terms)
- Conducting special investigations
- Completing special investigation reports
- Providing consultation and technical assistance
- Maintaining an up-to-date file on all licensees
- Reviewing and making recommendations regarding denial of issuance or adverse licensing actions
- Utilizing all computer-based information and case management systems.
- Participating in administrative hearings
- Reviewing and approving variances

Chapter 4 - WORKLOAD ASSIGNMENTS

4-1. Policy

The goal of the DCWL is to provide regulatory oversight of licensed child welfare programs. Establishing a plan for assigning workloads and completing job related functions is essential to ensuring that standards of promptness (SOP) are met.

4-2. Workload Assignments

Assignments are made based on business needs and are subject to change.

The area manager shall assign applicants, licensed programs and unlicensed programs to DCWL field consultants.

The area manager shall assign licensed CPAs to a DCWL field analyst.

The Central Office program manager shall assign geographic coverage areas to central office consultants.

The Central Office Support/Disciplinary Action Unit manager shall assign cases to the DAU analysts and support staff.

4-3. New CCO Applications

Individuals who express interest in obtaining a license for a new CCO program are referred to an area manager based on geographic location of the proposed program and the following steps must be completed:

The area manager will refer the individual to the following website, http://www.michigan.gov/mdhhs/0,5885,7-339-71551_27716_76094_27719---,00.html for a review of the program requirements, licensing rules and applicable statutes.

The area manager provides an orientation invitation to the individual after the individual has reviewed all required information.

The individual must attend orientation in person. Upon discretion of the Department, a phone orientation may be provided by the area manager. Following orientation, the individual may request an application be provided.

Upon receipt of application in DCWL, the internal process outlined in the DCWL Administrator Fingerprints for CCI/CPA/COF will be followed. (Attachment 1)

Upon receipt of a processed application, the area manager will assign a DCWL field consultant and will make the applicable database entries.

4-4. Licensed Programs

Workloads are assigned by the area manager based on business needs and are subject to change. DCWL field consultants are responsible for the original, interim and renewal inspections and special investigations for all licensed programs on their workload as outlined in Chapter 5.

Out of state facilities will be assigned to a field consultant's workload.

4-5. Unlicensed Programs

When information is received that a CCO is operating without a license the information obtained is to be directed to the area manager based on geographic location of the program. The unlicensed program is assigned to a DCWL field consultant for investigation and resolution. (Refer to 6-5. Special Investigations, 8-1.

– 8-6. Adverse Action, 10-3. Workload Activities – DAU Analyst and MCL 722.123 Injunction.)

Chapter 5 - DCWL FIELD CONSULTANT WORKLOAD OVERVIEW

5-1. Policy

DCWL field consultants through regulatory monitoring activities, provides the Department with information necessary to make recommendations regarding licensure and contract compliance. Each DCWL field consultant represents DCWL and has been delegated the full authority by the State to conduct inspections to determine compliance with statute, rules, ISEP, policy and contract. Delegated authority is defined in Act 116, "AN ACT to provide for the protection of children through the licensing and regulation of child care organizations; to provide for the establishment of standards of care for child care organizations; to prescribe powers and duties of certain departments of this state and adoption facilitators; to provide penalties; and to repeal acts and parts of acts."

5-2. Methods and Tools Used to Monitor CCOs

The quality and adequacy of services delivered by each CCO shall be regulated and monitored using the following methods: record reviews, interviews, observation of the facility, review of performance outcome data and review of reports completed by DCWL. Information is analyzed by DCWL field consultants and recorded on standardized tools.

Records Review:

Administrative Records: The DCWL field consultant reviews the CCO's program statement and administrative policies, procedures as defined by Act 116, the administrative rules, ISEP, DHHS policy and/or contract to deliver client services, and financial records.

Personnel Records: The DCWL field consultant will review the personnel records to determine compliance with staff qualifications and training requirements.

Child/Youth/Family Records: The DCWL field consultant seeks verification in programmatic records that the services have been delivered, are appropriate to the youth's/family's needs, are meeting programmatic terms, and are in compliance with statutes, rules, ISEP and applicable DHHS policies and contracts.

Foster Parent/Adoption Records: The DCWL field consultant seeks verification in programmatic records that the services have been delivered, are appropriate to the family's needs, are meeting programmatic terms, and are in compliance with statutes, rules, ISEP and applicable DHHS policies and contract.

Other: Medical records, medication logs, incident reports, shift logs, staff schedules, menus, recreation schedules, behavior management reports, seclusion logs, bed check logs, fire drills, fire and environmental health inspection reports, and other applicable documents will be reviewed.

Interviews:

Interviews will be conducted either on site, in a location that allows for privacy, or via telephone contact.

Interviews in CPAs will consist of foster care workers, licensing workers, independent living workers, adoption workers, supervisors, administrators, and foster parents (see Attachments 2-6 and 12).

Interviews in CCIs programs will consist of residents, direct care staff, social workers, therapists, supervisors, and administrators (see Attachments 6-11).

Separate interview questions are used for each of the interview categories. All respondents in each category shall be asked the same set of questions in order to assure comparability of responses and to reduce bias.

Observation:

Certain observable select rules and contract terms and conditions can be monitored only at the site and are specific to each CCO type. For example, the DCWL field consultant reviews sleeping rooms, therapy rooms, visitation rooms, seclusion rooms, common and recreation areas, the kitchen, bathrooms, and on-grounds schools for adequacy of furnishings and space, organization and cleanliness and conduciveness to services.

Data (Performance Measure Outcomes):

The DCWL field consultant shall review data reports as compiled by the Department.

DCWL Reports:

The DCWL field consultant shall review reports (renewal, annual and special investigations, and applicable CAP's) completed by DCWL during the PUR. Special attention shall be paid to substantiated and/or repeat violations.

Substantiated Child Abuse and/or Neglect Reports:

The DCWL field consultant shall review all reports of substantiated child abuse and/or neglect, when the CCO's employee or a member of a foster

family certified for licensure, has been identified as the perpetrator of such abuse and/or neglect.

Standard Monitoring Tools:

Licensing field consultants use standardized monitoring tools to evaluate compliance with the terms of the CCO license as well as Act 116, applicable administrative rules, ISEP, DHHS policy and contract provisions.

Standardized monitoring tools are used based on the type of program under review. These tools are located in the shared drive at S:\Bfs\Bfscwl\Policy-Procedures DCWL\Field Consultant - Audit Work Books, and include the following:

- CCI Audit Workbook No Contract
- CCI Audit Workbook Residential Foster Care-Abuse/Neglect Contract
- CCI Audit Workbook Residential Foster Care-Juvenile Justice Contract
- CCI Audit Workbook Residential Foster Care-Short Term Assessment Care
- CCI Employee Audit Workbook Foster Care-Juvenile Justice Contract
- CCI Employee Audit Workbook No Contract
- CCI Employee Audit Workbook Residential Foster Care-Abuse/Neglect Contract
- CCI Employee Audit Workbook Residential Foster Care-Short Term Assessment Care
- COF Audit Workbook
- COF Employee Audit Workbook
- CPA Audit Workbook Adoption Contract
- CPA Audit Workbook Foster Care/Adoption Contracts
- CPA Audit Workbook IL Contract
- CPA Audit Workbook No Contract
- CPA Audit Workbook Treatment Foster Care/Adoption Contracts
- CPA Employee Audit Workbook Adoption Contract
- CPA Employee Audit Workbook Foster Care/Adoption Contracts
- CPA Employee Audit Workbook IL Contract
- CPA Employee Audit Workbook No Contract
- CPA Employee Audit Workbook Treatment Foster Care/Adoption Contracts

5-3. Critical Compliance Deficiencies

During the course of inspections, if a DCWL field consultant identifies any situation meeting one or more of the following criteria, he or she shall immediately inform the DCWL area manager who will notify the DCWL director:

Any potential threat to the health, safety or welfare of any clients, staff or members of the public, including a reasonable probability that a threat could occur if remedial action is not initiated without delay. In addition, notification may include one or more of the following: Centralized Intake - Children's Protective Services, local law enforcement officers (911), or emergency medical services (911), the LARA Bureau of Community and Health Systems (fire safety staff), or local environmental health department.

Verifiable indications that state or federal laws have been violated.

Irregularities at any stage of DCWL inspection that requires immediate attention or action that degrade the service to any clients, or indicate questionable financial and managerial practices.

5-4. General DCWL Field Consultant Guidelines

Location: DCWL inspections may occur at different locations. For example, review of administrative records may occur at the organization's headquarters, while review of service delivery may occur at the facility. Case record reviews may occur remotely through the use of MiSACWIS.

Handling Confidential Information: All materials that belong to the DCWL field consultant, including copies of facility records and notes made by the DCWL field consultant, shall be safeguarded at all times. Additionally, the DCWL field consultant shall be diligent in protecting the facility's confidential information, sharing information only as necessary in completion of the inspection. Please see DHHS Policy, Services General Requirements Manual; SRM series.

While at the agency/facility, the DCWL field consultant shall keep their confidential information secure or carry such information with them.

No original facility records shall be taken from the agency or facility.

DCWL field consultant shall make copies of any records to support findings relevant to the inspection and which are necessary to support findings. CCOs are required to make copies of any record on request. DCWL field consultant may take pictures of records on their state-issued device when necessary.

DCWL field consultant may take pictures on their state-issued device at the facility during the course of inspections or investigations, when needed to assist in documenting safety concerns or other noncompliance.

All CCO records shall be kept secure by the DCWL field consultant while in use, following the CCOs procedures. For example, the CCO could request to be notified if the DCWL field consultant leaves for lunch or another reason during the day.

All DCWL field consultant work papers and state issued devices should be removed from the CCO at the end of each work day and secured in the DCWL field consultant's possession. DCWL field consultants are expected to practice diligence and not leave laptops, memory sticks, work papers, etc. in any vehicle overnight.

CCO Alteration of Records: If the DCWL field consultant has reason to believe that client records or data have been altered or falsified, they shall:

- Document the circumstances and inconsistencies.

- Include copies of the suspect documents whenever possible. CCO shall not prohibit copying of documents as this constitutes non-compliance with Act 116.

- Copy any document reflecting CCO non-compliance or inconsistency as soon possible after its discovery, to preclude unavailability or later tampering with the document by the CCO.

- Report all situations in which there are reasons to believe client records or data have been altered or falsified immediately to the DCWL area manager who shall notify the DCWL director for further action.

Handling of CHRI (Refer to DHHS Policy, SRM 200 - Fingerprints)

CHRI may be actual fingerprint results or narrative information contained in reports located in MiSACWIS and in hard copy records.

At all times, DCWL field consultants are to view CHRI in a controlled environment (e.g. a room with door closed or in a cubicle configured to ensure security). Only authorized personnel would be allowed in the room. Authorized personnel are those that have been determined through ICHAT to not have a criminal history and have completed Security Awareness Training (SAT).

When leaving the controlled environment or when unauthorized individuals enter the room, BITS and MiSACWIS criminal clearance tabs must be closed and screens locked.

DCWL field consultants will use security screen protectors when viewing CHRI.

DCWL field consultants shall not access CHRI from other devices including personal computers. DCWL field consultants must not print CHRI from home printers.

CHRI is not to be duplicated, copied or in any way transferred to any other document or file and will remain in the controlled audit site.

Any documentation in the DCWL audit workbook shall only include the terms "eligible" or "ineligible." Eligible identifies the applicant as meeting criteria to be a licensed provider.

Ineligible identifies that the applicant does not meet the criteria to be a licensed provider. Information related to "ineligible" applicants will be retained if information is public information and was obtained and documented from a source other than CHRI.

CHRI will be destroyed by cross-shredding per CJIS security policy requirements.

DCWL field consultants shall enter all interims, renewals and special investigations on their outlook calendar. Calendar permission must be set so that the area manager and field analysts can view appointment details.

Chapter 6 - WORKLOAD ACTIVITIES – FIELD CONSULTANT

6-1. Policy

Field consultants are the DCWL staff responsible for observing, reviewing, and reporting the information necessary to determine whether the CCO is in compliance with the terms and conditions of Act 116, CPA, CCI, or COF rules, the Department’s standards contract and all contract amendments, Departmental policy, Michigan Statutes, and federal regulations including ISEP.

6-2. Original Licensing Inspection

The purpose of the original licensing inspection is to make a determination of compliance with applicable statutes and licensing rules for new applicants pursuing CCO licensure. Upon completion of the steps outlined in 4-3, the following shall be completed for original licensing inspections:

The DCWL field consultant shall review the application packet for program type and location within 7 calendar days of assignment in the database. A database entry entitled “comment” will be made.

The DCWL field consultant shall contact the licensee and proposed chief administrator within calendar 7 days of assignment. A database event entitled “contact” will be made.

The DCWL field consultant shall schedule face to face contact within 30 calendar days to discuss the necessary steps for licensure. A database event entitled “contact” will be made.

To determine compliance for original licensure the DCWL field consultant shall complete the following steps:

Receive confirmation from DCWL fingerprint analyst that the criminal clearance and central registry checks for the license designee and chief administrator have been reviewed and individuals are eligible for these roles. Refer to Administrator Fingerprint for CCI/CPA/COF Internal Process (Attachment 1).

Review the credentials for the proposed chief administrator and make a determination regarding compliance with licensing rules pertaining to the educational and professional experience requirements for the chief administrator.

Determine financial stability by reviewing a completed budget for a 12-month period that shows projected income and expenditures for operation as well as documentation that demonstrates financial stability (i.e. bank statements, grants, loans, etc.). Determination of

financial stability will be completed with the area manager.
A database event entitled “comment” will be made.

A demonstrated need for the CCO must be documented (i.e. letters from potential referral sources signed by person of authority, established DHHS rate for CCI).

A review of the CCO’s program statement, policies and procedures to determine compliance with all applicable statutes and licensing rules.

Required external inspections and approvals:

CCI/COF only - an approved fire inspection (Attachment 13).

CCI/COF only - A final environment health inspection rating of A must be received after completion by the local health department.

Zoning approval as required by the local municipality.

CCI/COF only - Certificate of occupancy as required by the local municipality.

Documentation of non-profit status; application for 503c status.

Article of incorporation must be received.

Review and approve Restraint/Seclusion Training Curricula for Child Caring Institutions (R400.4128 (5)). Refer to 6-8. Rule Required Departmental Approvals for approval requirements.

DCWL onsite inspection will be completed within 30 calendar days of receiving and approving items 1 – 6. The DCWL field consultant will use the applicable audit workbooks based on the type of CCO under review.

The onsite inspection must include a walk through of the entire facility by the DCWL field consultant.

Upon determination of compliance, the DCWL field consultant will complete the original licensing study report (LSR) and make a recommendation regarding licensure. The report shall be completed within 14 calendar days of the final onsite inspection.

The DCWL field consultant will submit the LSR and completed audit workbook to the area manager for review. All database entries shall be made prior to submission, as outlined in (See Attachment 14).

The DCWL area manager will review the documents and take one of the following actions:

Return documents to the DCWL field consultant within 7 calendar days with a request for rework and/or additional information. DCWL field consultant will resubmit the documents for review after completion. **OR**

Approve the LSR recommending license issuance and make applicable database entries. The first license will be an original license. **OR**

Approve the LSR recommending denial of license issuance and make the applicable database entries and submit the LSR and all requested documentation to the DCWL director's secretary for DAU processing.

Approved reports and audit workbooks will be placed in the CCO's field file and will be saved into the appropriate electronic folders.

If 9 months from the date of application the applicant has no viable plan to open or all required documentation has not been received by DCWL, the DCWL field consultant will notify the applicant by letter that the application will be closed within 30 days. (Attachment 15)

Field consultants will request of the applicant, steps taken toward a viable plan and any barriers to moving forward. Field consultant will discuss in monthly supervision with area manager the reasons for recommending closure.

Issue a letter to the applicant informing them the enrollment has been closed and make applicable database entries. (Attachment 16)

6-3. Renewal Inspections

The purpose of the renewal licensing inspection is to make a determination of compliance with applicable statutes, licensing rules, ISEP, DHHS policy and or contract. The following steps must be completed:

The DCWL field consultant shall schedule 3-4 months in advance, the on-site inspection, to occur at least 30 calendar days prior to the expiration date of the license.

Once the inspection has been scheduled, the DCWL field consultant will send the appropriate CCO template letter confirming the upcoming inspection and required materials. Only CPAs and COFs shall receive a minimum of 30 calendar days prior notice of the scheduled inspection. CCI inspections are to be unannounced.

Review the prior DCWL licensing reports (both interim and special investigations) for the previous 12 months, applicable Corrective Action Plans (CAPs), and performance outcome data (monthly management reports, caseload reports, Infoview reports, etc.).

Note: If the inspection is due to a provisional license, the field consultant will review the approved CAP and draft additional staff interview questions,

identify documents to review etc. to assess and verify that the CAP has been implemented/operationalized.

Review the Summary Sheet in BITS for the previous 36 months for trends in repeat violations.

Review Cost Report/Financial Audit Reports if received from the MDHHS Bureau of Audits and applicable CAP to determine compliance with applicable licensing rules in consultation with the area manager.

To determine compliance for renewal licensure the DCWL field consultant shall complete the following steps:

Conduct an entrance interview on the first day of the inspection. The entrance interview must be completed onsite with the chief administrator and those individuals designated by the chief administrator. During the interview the administrator is informed of the purpose, scope and schedule of the inspection. The DCWL field consultant will answer questions about the monitoring process and work with the administrator to establish a review process that minimizes disruption to the CCO's daily work activities. The DCWL field consultant will advise the administrator that all records being reviewed for compliance may be requested by their employees if needed for critical case management activities.

During the entrance conference the DCWL field consultant will also discuss:

Review of the chief administrator's annual assessment and CAP per Rule 400.12207; activities, developments, and concerns that have occurred since the previous inspection, including CAPs.

Interviews that need to be scheduled, especially if the individuals to be interviewed are not readily available at the site.

Program and staffing changes, including position vacancies and promotions.

Review of the field analyst's findings.

Review the terms of the license in BITS; for renewals compare to the application for accuracy.

The DCWL field consultant will review the lists provided and select the case sample for each regulated program using the established sampling method.

Note: If during the inspection the nature and number of violations found indicates that possible adverse action may be recommended, the

consultant shall pull an additional sample of cases equal to 50% of the original sample size.

<u>Number of Cases</u>	<u>Open</u>	<u>Closed</u>
1-3	All	All
4-30	3	2
31-60	6	4
61+	8	8

Adoption Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is in original status, the cases will be reviewed from the date the original license was issued.

Review sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review sample of records for Licensing Rules for Child Placing Agencies, Part 6, Adoption Evaluation Services that includes both approvals and denials.

Review sample of records, for Licensing Rules for Child Placing Agencies, Part 7 Adoptive Placement Services, which includes completed child adoption assessments, cases in supervision, those that have been finalized and those that have been free for adoption for more than 12 months without an identified plan.

Review sample of closed records.

Foster Care Sample Selection:

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is in original status, the cases will be reviewed from the date the original license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review open foster care cases that include children placed with licensed foster homes, unlicensed relatives, unlicensed/unrelated caregivers, CCI placements, those who have achieved reunification, sibling splits, and ICWA.

Review a sample of both Initial Services Plans (ISP) and Updated Service Plans (USP).

Review a sample of records from multiple staff and/or supervisors.

Review a sample of records where the child has experienced three or more moves.

Review a sample of cases which include Determination of Care.

Review a sample of records where children are placed with relative caregivers to ensure that the relative licensing/waiver process is followed.

Review sample of closed records.

Foster Home Licensing Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is in original status, the cases will be reviewed from the date the original license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review sample of foster home records that includes renewal and annual inspections.

Review separate sample of foster home special evaluations.

Review separate sample of borrowed foster homes.

Review sample of closed records. – ensuring they have their closed files, not necessarily a review of them.

Independent Living (IL) Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is original status, the cases will be

reviewed from the date the original license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review a sample of cases where the youth is in an IL placement.

Review sample of closed records.

Field Analyst Case Record Concerns

Cases that included concerns noted in the Field Analyst Contact Sheet (Attachment 34) will be reviewed for purposes of verifying specific identified concerns. This would include foster care and foster home licensing records. Record sample selection is not based on the Field Analyst Contact Sheet findings.

Violations found in these records will be documented in the LSR, Section III under the applicable rule, policy, ISEP or contract citation, in a statement separate from the sample size findings.

CCI Sample selection:

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is original status, the cases will be reviewed from the date the original license was issued. If a license includes multiple contract types, the following sample criteria must be used for each contract type to ensure that the contract requirements are met for each contract.

Review a sample of open cases.

Review a sample of both Initial Treatment Plans (ITP) and Updated Treatment Plans (UTP).

Review a sample of records from multiple social services workers and/or supervisors.

Review a sample of cases where children have been in the residential program at least 30 days and at least 120 days.

Review a sample of residents who are prescribed psychotropic medication.

Review a separate sample of incident reports.

ull and review a separate sample of seclusions and restraints from MiSACWIS – these may be included in the incident report sample above.

Review a sample of closed cases (focusing on discharge planning).

CCI/COF only: A final Qualified Fire Inspection (QFI) report with a rating of A must be received after completion in order to recommend a regular license. (See Attachment 13)

If the result of the QFI report is a B rating the facility must correct the deficiencies prior to the renewal date in order to recommend a regular license. If this is not possible, a provisional license must be recommended with an approved CAP.

If the result of the QFI is a C rating the facility must take immediate action to correct the deficiencies. If the consultant receives a QFI with a C rating the consultant must notify the area manager and division director immediately. Decisions regarding action on the license and corrective action must be made with the DCWL director's approval.

CCI/COF only - A final environment health inspection report with a rating of A or B must be received after completion by the local health department.

If the result of the environmental inspection is a C rating the facility must correct the deficiencies prior the renewal date to recommend a regular license. If it is not possible to correct the deficiencies prior to the renewal date, action on the license and corrective action must be made with the DCWL director's approval.

If the result of the environmental inspection is a D rating the facility must take immediate action to correct the deficiencies. If the consultant receives an environmental inspection with a D rating the consultant must notify the area manager and division director immediately.

CCI/COF only – Prison Rape Elimination Act (PREA) of 2003. The Office of Juvenile Justice will send PREA audit reports and CAPS to the DCWL area managers.

The field consultant will review and document receipt of the PREA audit report and CAP in the Evaluation section of the LSR. If the PREA report documents PREA violations, the field consultant will not cite a contract violation as the CCI/COF has already received citations from the PREA auditor.

If DCWL is informed by the Office of Juvenile Justice that the PREA CAP has not been implemented as required, the field consultant will initiate a special investigation. If DCWL verifies non-compliance with the CAP, a contract violation will be established.

Upon completion of the inspection, the DCWL field consultant will complete an exit conference with the chief administrator and anyone of his or her choosing.

The exit conference allows the CCO and the DCWL field consultant an opportunity to review and discuss the findings of the on-site review. The CCO may provide additional information during the exit conference and the DCWL field consultant will consider the additional information provided. DCWL may incorporate the additional information into the findings as appropriate.

During the exit conference the DCWL field consultant will verify that all field analyst findings have been resolved. Documentation verifying resolution will be collected.

The exit conference shall include a summary of preliminary findings (including rules, policy, ISEP and contract etc. that are in noncompliance), preliminary recommendations, and timeframes for the report.

The CCO may provide information that would modify the findings of noncompliance by the time of the exit conference. Additional time beyond the exit conference may be granted by the consultant, only in extenuating circumstances. The opportunity to provide additional information must be balanced by the need of DCWL to issue a final report within thirty days calendar of the exit conference.

Upon determination of compliance, the DCWL field consultant will complete the renewal LSR and make a recommendation regarding licensure.

Note: The LSR will document in the Evaluation section, receipt of PREA Audit Reports and CAPS as well as Cost Reports/Financial Audit

Reports if received from the MDHHS Bureau of Audits and the applicable CAP.

Cost Reports/Financial Audit Reports, findings and any additional DCWL findings associated with applicable rules and or contract will be tracked by DCWL Central Office according to Foster Care Payment Rate Setting and Monitoring Policy and Procedures; September 2018. (Attachment 55)

The DCWL field consultant will submit the LSR and completed audit workbooks to the area manager for review.

The DCWL area manager will review the documents and take one of the following actions:

Return documents to the DCWL field consultant with a request for rework and/or additional information. DCWL field consultant will resubmit the documents for review after completion. **OR**
Approve the LSR recommending license renewal/approval. **OR**
Approve the LSR recommending adverse action and submit the LSR and all requested documentation to the DCWL director for review. CSA executive director reviews and gives final approval for all adverse recommendations.

Upon approval of the license recommendation the DCWL field consultant will make the applicable database entries for renewal of a regular license. Database entries for an adverse action will be entered by the area manager. When making a recommendation to renew a license from a numbered provisional back to regular status, the field consultant will discuss the recommendation with the area manager. (See Attachment 17)

The DCWL field consultant will send the approved report to:

The chief administrator

Director of Child Welfare Services and Support-specific to private CPA

Board president of private CCOs

Business Service Center Directors for MDHHS local offices

Deputy director of Child Welfare Field Operations

If there is as finding of non-compliance, a CAP is required.

The license recommendation and applicable database entries must be made prior to the date of the license expiration. (See Attachment 17)

If a provisional license is issued, the field consultant will notify the assigned field analyst of the provisional license.

Approved reports and audit workbooks will be placed in the CCO's field file and will be saved into the appropriate electronic folders. (See Attachment 18)

6-4. Interim Inspections

The purpose of the interim inspection is to make a determination of compliance with applicable statutes, licensing rules, ISEP, policies, and contract requirements for licensed CCOs. The following steps must be completed:

The interim inspection due date is determined by the license renewal date (month and day). The inspection can be completed up to 60 days prior to the anniversary date of the renewal or up to 60 days after.

Once the inspection has been scheduled, the DCWL field consultant will send the appropriate CCO template letter confirming the upcoming inspection and required materials. Only CPAs and COFs shall receive a minimum of 30 calendar days prior notice of the scheduled inspection. CCI inspections are to be unannounced.

Review prior DCWL licensing reports (both annual and Special Investigations) for the previous 12 months, applicable CAPs and performance outcome data (monthly management reports, caseload reports, Infoview reports, etc.).

Review Cost Report/Financial Audit Reports if received from the MDHHS Bureau of Audits and applicable CAP to determine compliance with applicable licensing rules in consultation with the area manager.

Review the Summary Sheet in BITS for the previous 36 months for trends in repeat violations.

To determine compliance for interim licensure the DCWL field consultant shall complete the following steps:

Conduct an entrance interview on the first day of the inspection. The entrance interview must be completed onsite with the chief administrator and those individuals designated by the chief administrator. During the interview the administrator is informed of the purpose, scope and schedule of the inspection. The DCWL field consultant will answer questions about the monitoring process and works with the administrator to establish a review process that minimizes disruption to the CCO's daily work activities. The DCWL field consultant advises the administrator that all records being reviewed for compliance may be requested by their employees if needed for critical case management activities.

During the entrance conference the DCWL field consultant will also discuss:

Review of the chief administrator’s annual assessment and corrective action plan per Rule 400.12207; activities, developments, and concerns that have occurred since the previous inspection, including CAPs.

Interviews that need to be scheduled especially if the individuals to be interviewed are not readily available at the site.

Program and staffing changes including position vacancies and promotions.

Review of the field analyst’s findings.

Review the terms of the license in BITS; for renewals compare to the application for accuracy.

The DCWL field consultant will review the lists provided and select the case sample for each regulated program, using the established sampling method.

Note: If during the inspection the nature and number of violations found indicates that possible adverse action may be recommended, the consultant shall pull an additional sample of cases equal to 50% of the original sample size.

<u>Number of Cases</u>	<u>Open</u>	<u>Closed</u>
1-3	All	All
4-30	3	2
30-60	6	4
61+	8	8

Adoption Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO’s license is provisional status, the cases will be reviewed from the date the provisional license was issued.

Review sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review sample of records for Licensing Rules for Child Placing Agencies, Part 6, Adoption Evaluation Services that includes both approvals and denials.

Review sample of records for Licensing Rules for Child Placing Agencies Part 7, Adoptive Placement Services, which includes completed child adoption

assessments, cases in supervision, those that have been finalized and those that have been free for adoption for more than 12 months without an identified plan.

Review sample of closed records.

Foster Care Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is provisional status, the cases will be reviewed from the date the provisional license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review open foster care cases. Cases that include children placed with licensed foster homes, unlicensed relatives, unlicensed/unrelated caregivers, CCI placements, those who have achieved reunification, sibling splits and ICWA.

Review a sample of both Initial Services Plans (ISP) and Updated Service Plans (USP).

Review a sample of records from multiple staff and/or supervisors.

Review a sample of records where the child has experienced three or more moves.

Review a sample of cases which include Determination of Care.

Review a sample of records where children are placed with relative caregivers to ensure that the relative licensing/waiver process is followed.

Review sample of closed records.

Foster Home Licensing Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is provisional status, the cases will be reviewed from the date the provisional license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review sample of foster home records that includes renewal and annual inspections.

Review separate sample of foster home special evaluations.

Review separate sample of borrowed foster homes.

Review sample of closed records. – ensuring closed files are maintained, not necessarily a review the contents.

Independent Living Sample Selection

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is provisional status, the cases will be reviewed from the date the provisional license was issued.

Review of sample of records from multiple staff and/or supervisors.

Review staff to case ratio.

Review a sample of cases where the child is in an IL placement.

Review sample of closed records.

Field Analyst Case Record Concerns

Cases that included concerns noted in the Field Analyst Contact Sheet (Attachment 34) will be reviewed for purposes of verifying specific identified concerns. This would include foster care and foster home licensing records. Record sample selection is not based on the Field Analyst Contact Sheet findings.

Violations found in these records will be documented in the LSR, Section III under the applicable rule, policy, ISEP or contract citation, in a statement separate from the sample size findings.

CCI Sample Selection:

Review cases one year forward from the date of the exit conference for the last annual inspection. If the CCO's license is provisional status, the cases will be reviewed from the date the provisional license was issued. If a license includes multiple contract types, the following sample criteria must be used for each

contract type to ensure that contract requirements are met for each contract type.

Review a sample of open cases.

Review a sample of both Initial Treatment Plans (ITP) and Updated Treatment Plans (UTP).

Review a sample of records from multiple social services workers and/or supervisors.

Review a sample of cases where children have been in the residential program for at least 30 days and at least 120 days.

Review a sample of residents who are prescribed psychotropic medication.

Review a separate sample of incident reports.

Review a separate sample of seclusions and restraints –these may be included in the incident report sample above.

Review a sample of closed cases (focusing on discharge planning).

DCWL onsite inspection will be completed using the audit workbooks applicable for the type of license and or contract.

The onsite inspection must include a walk through of the entire facility by the DCWL field consultant.

For CCIs, the walk through must include observation of:

Observe staff/youth activities.

Observe daily routines.

Observe conditions of the facility (bedrooms, restrooms, recreational areas, behavior management rooms, kitchen, etc.).

Review menus and recreation schedules.

Upon completion of the inspection, the DCWL field consultant will complete an exit conference with the chief administrator and anyone else of his/her choosing.

The exit conference allows the CCO and the DCWL field consultant an opportunity to review and discuss the findings of the on-site review.

The CCO may provide information that would modify the findings of noncompliance by the time of the exit conference and DCWL field consultant will consider the additional information provided. DCWL may incorporate the additional information into the findings as appropriate.

During the exit conference the DCWL field consultant will verify that all field analyst findings have been resolved. Documentation verifying resolution will be collected.

The exit conference shall include a summary of preliminary findings (including rules, policy, etc. that are in non-compliance), preliminary recommendations and timeframes for report.

Following the exit conference, the CCO may provide information that would modify the findings of noncompliance. The opportunity to provide additional information must be balanced by the need of DCWL to issue a final report within thirty days calendar of the exit conference.

Upon determination of compliance, the DCWL field consultant will complete the interim LSR and make a recommendation regarding licensure.

CCI/COF only – Prison Rape Elimination Act (PREA) of 2003. The Office of Juvenile Justice will send PREA audit reports and CAPS to the DCWL area managers.

The field consultant will review and document receipt of the PREA audit report and CAP in the Evaluation section of the LSR. If the PREA report documents PREA violations, the field consultant will not cite a contract violation as the CCI/COF has already received citations from the PREA auditor.

If DCWL is informed by the Office of Juvenile Justice that the PREA CAP has not been implemented as required, the field consultant will initiate a special investigation. If DCWL verifies non-compliance with the CAP, a contract violation will be established.

If DCWL has received Cost Reports/Financial Audit Reports from the MDHHS Bureau of Audits and the applicable CAP, the field consultant will document the receipt of the financial audit report and CAP in the Evaluation section of the LSR and determine compliance with the applicable rules.

Cost Reports/Financial Audit Reports, findings and any additional DCWL findings associated with applicable rules and or contract will be tracked by DCWL Central Office according to Foster Care Payment Rate Setting and Monitoring Policy and Procedures; September 2018. (Attachment 55)

The DCWL field consultant will submit the LSR and completed audit workbooks to the area manager for review.

The DCWL area manager will review the documents and take one of the following actions:

Return documents to the DCWL field consultant with a request for rework and/or additional information. DCWL field consultant will resubmit the documents for review after completion. **OR**

Approve the LSR recommending license continuance. **OR**

Approve the LSR recommending adverse action and submit the LSR and all requested documentation to the DCWL director for review. CSA executive director reviews and gives final approval for all adverse recommendations.

Upon approval of the license recommendation the DCWL field consultant will make the applicable database entries for the interim inspection. Database entries for an adverse action will be entered by the area manager. (See Attachment 19)

The DCWL field consultant will send the approved report to:

The chief administrator

Director of Child Welfare Services and support – specific to private CPA

Board president of private CCOs

Business Service Center Directors for MDHHS local offices

Deputy Director of Child Welfare Field Operations

If there is a finding of noncompliance a CAP is required.

If a provisional license is issued, the field consultant will notify the assigned field analyst of the provisional license.

The license recommendation and applicable database entries must be made prior to the end of the 60-day period following the date of the interim inspection. (See Attachment 19)

Approved reports and audit workbooks will be placed in the CCO's field file and will be saved into the appropriate electronic folders. (See Attachments 20 and 23)

6-5. Special Investigation

DCWL responds to complaints where it is alleged that the licensee has not complied with the terms of the statute, rules, ISEP, policy, and/or contracts. DCWL encourages individuals who want to file a complaint to utilize the public website's online complaint form. DCWL will also accept complaints verbally or in other written formats.

Upon receipt of an allegation, the DCWL field consultant will initiate a special investigation (SI). The DCWL field consultant will not dismiss allegations without consultation with the area manager. Intake allegations are logged into the database system by DCWL central office staff or the DCWL field consultant within 24 hours or the next business day. (See Attachments 21 and 22)

All special investigations are to be initiated within 24 hours or on the next business day. Initiation shall be in person, via telephone, or email and with a party relevant to the investigation. Investigations are to commence on site within seven days of initiation. Any modifications to the initiation or commencement on-site of special investigations must be pre-approved by the area manager.

All special investigations are to be conducted unannounced and on-site. Any modifications to this must be pre-approved by the area manager. Complaints self-reported by the agency do not need to occur unannounced.

Coordination with the MIC worker and law enforcement (LE) is required, if applicable. Site visits and interviews shall be conducted jointly with MIC and LE when involved. If LE is involved, the consultant shall contact them regarding the status of the LE investigation before proceeding.

When conducting unannounced visits, DCWL field consultants will:

- Carry appropriate State of Michigan identification and provide said identification to the staff in charge of the facility at the time of the unannounced visit.

- In situations involving safety of children, an alternative unannounced visit schedule may be implemented with approval from the area manager. If visits are scheduled to occur after normal business hours (8:00am to 5:00pm), the DCWL field consultant shall have live telephone contact with a DCWL area manager prior to the visit and immediately after the visit is completed to verify safety.

- Upon arrival at the CCO the DCWL field consultant will inform the chief administrator of the allegations and intended methodology for the investigation. If the chief administrator is not available, the DCWL field consultant will inform the highest-ranking manager onsite.

The methodology shall include:

- Determination of interviews to be conducted. Interviews may include children, workers, supervisors, caregivers, complainant, and other parties. Required interviews include:
 - Alleged victim
 - Complainant (if known)
 - Alleged perpetrator

All alleged witnesses
Supervisors, if applicable

Observation of forensic assessment center interview. Any modifications to this shall be pre-approved by the area manager.

Documentation to be reviewed shall include:

Child's case record

Child's medical record (when allegations are related to illness, injury, medications, medical/dental care, immunizations, etc.)

Child's school records (when allegations are related to truancy, behaviors at school, attendance, educational services, etc.)

Personnel records (injury during restraint, improper supervision, failure to perform duties, lack of training, lack of qualifications, improper conduct, etc.)

Applicable CCO's policies and procedures

Incident reports

MiSACWIS seclusion and restraint reports, if applicable.

Video recordings for facilities with video monitoring capabilities

MIC reports, if applicable

Police reports, if applicable

Determination of the need for a walk-through of the facility. The determination will be made based on the allegations or other concerns observed by the DCWL field consultant during the investigation.

Additional interviews and/or documentation review is required for new allegations or to support findings.

Report/allegation of violation of the MDHHS non-discrimination requirement in a program contracted or subcontracted with MDHHS investigation shall include:

- A. DCWL will enforce the MDHHS non-discrimination requirement in a program contracted or subcontracted with MDHHS and will investigate any report or allegation of violation of the MDHHS non-discrimination requirement in a program contracted or subcontracted with MDHHS.

Required interviews include:

- a. Complainant if known

CCO chief administrator and responsible staff

Alleged victim

Alleged perpetrator

All alleged witnesses

Documents to be reviewed:

CCO applicable policies and procedures

Incident reports if applicable

Other applicable documentation

Additional interviews and/or documentation review is required for new allegations or to support findings.

The DCWL consultant for a CCI with a JJ contract will send an email notification to the PREA email box at MDHHS-PREA@Michigan.gov, if the consultant receives a complaint of a sexual nature, including:

Allegations of sexual harassment by youth toward other youth or staff toward youth

Allegations of sexual abuse (physical or verbal), by youth toward other youth or staff toward youth

Allegations of sexual activity between youth, youth and staff

If a special investigation is completed by the DCWL consultant for any of the above reasons, the consultant will email the completed/approved SIR to the PREA email box.

Financial Audit/Cost Report methodology should include:

DCWL may receive a complaint from the MDHHS Bureau of Audits alleging rule and/or contract violations regarding financial stability. MDHHS Bureau of Audits will collaborate on the special investigation. Required interviews may include:

Auditor who completed the Financial Audit/Cost Report

MDHHS Bureau of Audit staff

CPA/CCI chief administrator and responsible staff

Documentation to be reviewed:

Financial audit/cost reports

Applicable CAPS

Documents identified in the CAP

Case records

MiSACWIS payments

Other applicable records

The DCWL field consultant shall conduct an independent investigation. The CCO may conduct their own internal investigation. The DCWL field consultant

will not prohibit the facility from investigating when safety of children may be a consideration.

Upon determination of compliance, the DCWL field consultant will complete an exit conference with the chief administrator and anyone of his/her choosing. In person exit conferences are preferred; however, if the chief administrator is unavailable in person, a phone conference may be conducted.

The exit conference shall include a summary of allegations, preliminary findings (including rules, ISEP, policy, and contract etc. that are in noncompliance), preliminary recommendations, and timeframes for the report.

The CCO may provide information that would modify the findings of noncompliance by the time of the exit conference. Additional time beyond the exit conference may be granted by the consultant, only in extenuating circumstances. The opportunity to provide additional information must be balanced by the need of DCWL to issue a final report within thirty days calendar of the exit conference.

Upon determination of compliance, the DCWL field consultant will complete the special investigation report and make a recommendation regarding licensure.

The DCWL field consultant will submit the SIR and code sheet to the area manager for review.

The DCWL area manager will review the SIR within 7 calendar days and take one of the following actions:

Return documents to the DCWL field consultant with a request for rework and/or additional information. DCWL field consultant will resubmit the documents for review after completion. **OR**
Approve the SIR recommending license renewal/approval. **OR**
Approve the SIR recommending adverse action and submit the SIR to the DCWL director for review. CSA executive director reviews and gives final approval for all adverse recommendations.

Upon approval of the license recommendation the DCWL field consultant will make the applicable database entries for continuation of the current licensing status. Database entries for an adverse action will be entered by the area manager. (See Attachments 20 and 21)

The DCWL field consultant will send the approved report to the chief administrator, BSC director etc. If there is as finding of noncompliance, a CAP is required.

The license recommendation and applicable database entries must be made for the SI. (See Attachments 20-21.)

Approved reports will be placed in the CCO's field file and will be saved into the appropriate electronic folders (Docs_Completed and identified shared drive folder). (See Attachment 18)

6-6. Corrective Action Plans

Corrective Action Plans (CAPs) are required as a result of noncompliance/violations to licensing statutes and rules, ISEP, DHHS policy, contract (if applicable). CAPs are due within 15 calendar days upon receipt of a Division of Child Welfare Licensing (DCWL) inspection report.

CAPs must include the following:

How compliance with each citation will be achieved; this includes identifying behaviorally specific action steps.

Repeat violations must include an explanation of why the previous CAP did not result in compliance.

Individuals directly responsible for implementing the corrective action steps for each licensing statute and rule, ISEP, DHHS policy, or contract section citation; e.g. workers, supervisors, program managers, director, etc.

Specific time frames for each citation as to when the correction will be implemented and completed.

Attach any document being utilized to obtain or maintain compliance as part of the CAP.

How continuing compliance will be maintained once compliance is achieved; this includes identifying specific action steps for continuous monitoring.

Signature of the chief administrator and date.

CAPS should incorporate:

CPAs: MiSACWIS users with access to the Book of Business, Info View Reports and the Child Welfare Monthly Management Report should incorporate the use of these tools as well as other data management reports released by the Department for continuous monitoring.

CPAs: Incorporate Licensing Rules for Child Placing Agencies, R400.12207(a), "Not less than once annually, conduct a written assessment and verify the agency's compliance with the applicable provisions of these rules" into the monitoring steps.

CCIs: Incorporate Licensing Rules for Child Caring Institutions, R400.4116(2) Develop a written CAP based on the chief administrator's annual assessment to demonstrate improvement in any rule non-compliances.

Immediate Action: The field consultant may identify a noncompliance that directly impacts a child's safety and which requires immediate action; missing medical/dental exams; safety or placement assessments (DHS-588, DHS-3130a); facility maintenance issues; etc. The field consultant may require immediate corrective measures to ensure safety. This is also required to be included in the CAP related to the investigation/inspection. Such a plan must identify the specific child, case number, the item that was found to be noncompliant, along with the date that the items will be completed, and the specific employee responsible for correcting the item. The consultant shall make the following database entries: "document sent" and "document received" with a note in the "comment" section as to what was sent and received. (See Attachment 22)

The DCWL field consultant will review the CAP within 7 calendar days of receipt; sooner if necessary to avoid expiration of the license. If the CAP is adequate to ensure compliance, the DCWL field consultant will notify the CCO of such in writing. If the CAP is not acceptable, the DCWL field consultant will advise the CCO in writing of such and will provide TA to assist the CCO in development of a plan that would lead to compliance. The CCO must submit a revised CAP within 5 calendar days of being notified that the plan is not adequate. Note: While the DCWL field consultant may provide TA, the CAP is ultimately the plan of the CCO and they are solely responsible for implementation. (See Attachments 23 and 24)

Note: CAPs submitted in response to a provisional license will be reviewed by the field consultant and area manager. An additional review by the division director may be appropriate as determined by the area manager and division director.

Following receipt of an acceptable CAP related to safety of youth, the DCWL field consultant will work with his/her DCWL area manager to develop a plan for monitoring the implementation of the CAP.

Note: When completing the renewal inspection due to a provisional license, the field consultant will review the approved CAP and draft additional staff interview questions, identify documents to review etc. to assess and verify that the CAP has been implemented/operationalized. Refer to 6-3. Renewal Inspections.

Failure of the CCO to comply with the CAP as evidenced by future citations by the DCWL field consultant may result in a recommendation for adverse action.

When developing CAPS, the following should be considered:

CAPs are to be a useful “working document” to achieve, manage and maintain compliance. Engaging all staff in the assessment, development, implementation and management of the CAP will encourage success.

Analyze the cause of the non-compliance to identify the barriers, gaps, etc. to the CCO’s internal processes/procedures.

6-7. Variances

Licensing Rules for Child Placing Agencies R 400.12102 Rule-variance allows for:

“(1) Upon the written request of an applicant or agency, the department may grant a variance from an administrative rule if the alternative proposed ensures that the health, care, safety, protection, supervision, and needed services of children are maintained.

The decision of the department, including the conditions for which the variance is granted, shall be entered upon the records of the department and a signed copy shall be sent to the applicant or agency. The variance may be time-limited or may remain in effect for as long as the agency continues to ensure that the health, care, safety, protection, supervision, and needed services to children are maintained.”

Licensing Rules for Child Caring Institutions, R 400.4105-variance allows for:

“(1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which a variance is sought.

The department shall in its records of the department and send a signed copy the applicant or licensee. This variance may remain in effect for as long as the licensee continues to comply with the intent of the rule or may be time limited.”

Variance Requests completed by a Child Placing Agency or a Child Caring Institution:

The CPA or CCI chief administrator will complete a written Variance Request, using the variance request template for Child Placing Agency or Child Caring Institution and submit along with supporting documents to the DCWL field consultant. The Variance Request must be signed and dated by the chief administrator.

If the Variance Request is missing information, the field consultant will request the required information from the chief administrator via email.

The field consultant will review the Variance Request and supporting documents, discuss with the area manager, and will provide the following electronically to the DCWL director's secretary for the DCWL director's review and decision (approval or denial):

- The Variance Request (See Attachment 25)

- Supporting documents

- The CPA/CCI Variance Approval/Denial Letter, prepared by the field consultant for the director's signature (See Attachment 26)

The DCWL director's secretary will print the documents received and provide to the director for review.

The DCWL director will review the Variance Request and approve or deny the request.

The DCWL director will sign the approval or denial letter and provide completed packet with Variance Request, Approval/Denial letter and supporting documents to DCWL director's secretary for processing.

The DCWL field consultant will enter the following comments into BITS on the CPA/CCI facility screen:

- Variance request received, with applicable rules and date variance request granted or denied, with applicable rules and date

The DCWL director's secretary will make copies of the Variance Approval/Denial Letter and send to the following individuals:

- Original to chief administrator via US mail

- Copy to assigned licensing field consultant via scan into email and ID mail

The DCWL director's secretary will provide the completed packet, containing copy of signed Variance Approval/Denial Letter, CWL-4002 and supporting documentation to the DCWL designated staff for filing.

Standard Variance Templates:

- Variance Request for CPA.CCI.COF (Attachment 25)

- Variance Approval/Denial Letter Template CPA.CCI.COF (Attachment 26)

Standards of Promptness:

- Variance Requests for Child Placing Agencies or Child Caring Institutions will be reviewed by the field consultant

within 7 calendar days upon receipt by the field consultant.

6-8. Rule Required Departmental Approvals

Licensing Rules for Child Placing Agencies and Licensing Rules for Child Caring Institutions may require the CPA or CCI to submit documents to the Department for written approval prior to implementation. Field consultants review submissions, provide technical assistance if applicable, and draft approval letters for the DCWL director's signature.

Licensing Rules for Child Caring Institutions, R400.4128 (5) requires:

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.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015

The CCI chief administrator will submit the proposed training model to the assigned DCWL field consultant. The DCWL field consultant will review the proposed training model for the following seven elements:

The training curriculum must be nationally recognized or have accreditation and must include empirical support for the effectiveness of the program.

The training curriculum must be designed for use with youth and children of the age and size served by the CCI and must emphasize and teach crisis prevention and de-escalation prior to the use of physical restraint. The curriculum must not include the use of pain compliance.

Documentation must exist either in the training curriculum or in the organization's policy that includes the use of a trauma-informed approach in relation to the use of crisis intervention, de-escalation and restraint.

Documentation must exist either in the training curriculum or in the organization's policy that supervisors are to be notified as soon as possible of a restraint episode and must indicate that supervisors will be directly involved in the restraint episode when possible.

The training curriculum must identify the minimum number of persons needed to perform each restraint method taught; the facility must adhere to this requirement.

The training curriculum must identify a minimum number of training hours for both the initial and ongoing training of staff who perform restraint. The minimum number of training hours for initial training of the curriculum as well as for ongoing training must be sufficient to demonstrate competency of the staff who will perform crisis intervention, de-escalation and restraint.

Documentation must exist either in the training curriculum or in the organization's policy that any incidents of physical restraint shall be documented by the staff involved by the next business day and must be reviewed at a supervisory level within 24 hours of the incident. The review must include examination of the staff's application of crisis intervention, de-escalation and restraint methods and make recommendations if the methods were not used correctly.

If the proposed training model is missing required elements, the DCWL field consultant will provide technical assistance and request the required information from the chief administrator via email.

The DCWL field consultant will electronically send an approval letter to the DCWL director's secretary for the DCWL director's review and signature.

The DCWL director's secretary will print the letter received and provide to the director for review.

The DCWL director will review the approval letter, sign and return to the DCWL director's secretary for processing.

The DCWL field consultant will enter the following comments into BITS on the CCI screen:

- Training model received and date

- Training model approved and date

The DCWL director's secretary will make copies of the approval letter and send to the following individuals:

- Original to chief administrator

- Copy to assigned licensing field consultant via scan into email and ID mail

The DCWL director's secretary will file the approval letter electronically and hard copy.

Standard of promptness:

- Training models will be reviewed by the field consultant within 7 calendar days upon receipt by the field consultant.

6-9. Work Papers

Work papers may consist of audit workbooks, code sheets, and other supporting documentation. Audit workbooks contain documentation of violations, technical assistance and consultation. Code sheets document the identity of coded individuals within reports and link centralized intake numbers with the DCWL SI. Work papers shall be organized and retained based on the retention schedule. There may be exceptions to this practice on a case by case basis. Ongoing litigation or audits may extend the length of time records must be maintained.

The DCWL will follow the State of Michigan, Department of Technology, Management & Budget Services, Records Retention and Disposal Schedule specific to Child Welfare Licensing.

32299 – Child Welfare Licensing Files

These files document licensed child welfare organizations. They may include correspondence, applications, supplemental information forms, licensing record clearance forms, original and renewal inspection reports, fire safety and environmental health inspections, license compliance correspondence, follow-up compliance letters, special investigation reports, disciplinary action requests and notices, contracts, etc.

Background checks are stored separately in Central Office. ACT=While facility is licensed +3

32300 – Child Welfare Licensing Reports and Plans

These documents are filed in the Child Welfare Licensing Files (see item 32299), but only need to be retained for three years. They include renewal inspection reports, corrective actions and special investigation reports.

CR=Creation +3

32304 – Disciplinary Action Case Files

These records document disciplinary action against foster parents, child placing agencies and child caring institutions. They may include investigation reports, correspondence, procedures, notices of intent, hearing documents, supporting documents, etc. ACT= Until the case is closed +7

Chapter 7 - DCWL REPORTS

7-1. Policy

The DCWL field consultant will transmit the results of the inspection or investigation, its findings, and any other relevant information by preparing and submitting a written LSR or SIR to the CCO chief administrator, board of directors' president (if applicable), and Business Service Center directors, Deputy Director of Child Welfare Field Operations and Child Welfare Services and Support (if applicable).

7-2. Finding of Noncompliance

A finding of noncompliance denotes a violation with the terms and conditions of ACT 116, an administrative rule promulgated under the act, the terms of a license or certificate of approval, department policy, terms of the contract, and/or ISEP. A finding of noncompliance may represent an isolated occurrence or may be symptomatic of systemic problems. **All findings of noncompliance/violations shall be documented. Repeat violations for the previous 24-month period shall be documented as repeat violations; including violations found during inspections and special investigations. Field consultants shall reference the BITS summary sheet to identify previous violations** (see Attachment 27).

7-3. Reporting Onsite Inspection Results

The DCWL field consultant compiles documents generated during the inspection or investigation process, including audit workbooks, interview forms, code sheets, CAPs, etc.

The DCWL field consultant shall make all required database entries for inspections and investigations. These entries must be made prior to generating a report template.

The DCWL field consultant prepares a written LSR or SIR that reports all findings of noncompliance/violation, technical assistance and consultation.

Reports shall be prepared following DCWL procedures. (See Chapter 6 Workload Activities)

Reports shall include the dates of the inspection or investigation, the date of the exit conference, information about methodology and scope (type of review and allegations if applicable and period under review) including documentation of records and documents reviewed, and a summary of findings, conclusions and recommendations.

Resolution of field analysts' findings will be documented in the LSR, section VII. DCWL Analyst Concerns and will include the following headings and information:

Concern: A clear/concise statement that summarizes the field analyst's concern documented on the Safety Alert (CWL-4613).

Resolution: A clear/concise statement regarding the records reviewed, interviews conducted if applicable and receipt of additional documentation and the findings. Additional information obtained from the CCO regarding explanations or rationale is not to be included in the resolution. Refer to 9-5. Safety Alerts for additional information on documenting resolutions.

When evaluating noncompliance/violations the consultant shall make a determination as to whether the noncompliance/violations are willful and/or substantial.

In order to prove a substantial violation, the field consultant must do all of the following:

Document that the applicant or licensee failed to comply with Act 116, the licensing rules promulgated under the Act, or the terms of the license

AND

Document one of the following:

The nature of the noncompliance/violation(s) directly endangers the health, safety, care, treatment, maintenance or supervision of children and adults receiving services or, in the case of an applicant, children or adults who may receive services.

OR

ii. The number or the noncompliance/violation(s) directly endangers the health, safety, care, treatment, maintenance or supervision of children and adults receiving services or, in the case of an applicant, children or adults who may receive services.

OR

iii. The licensee repeatedly violated Act 116, the applicable licensing rules, or the terms of the license and therefore the health, safety, care, treatment, maintenance or supervision of children and adults receiving services cannot be assured.

6. In order to prove willful violation, the field consultant must do all of the following:

Document that the applicant or licensee received a copy of Act 116, the licensing rules promulgated under Act 116, and, in the case of a licensee, the terms of the license.

Document that the applicant or licensee failed to comply with Act 116, the licensing rules promulgated under Act 116, or the terms of the license.

The DCWL area manager shall ensure the quality of all documents and reports per the requirements as outlined in this manual. Note: Reports may be referred to the DCWL director and CSA executive director for review; e.g. provisional licenses or adverse action recommendations.

All LSRs are to be written upon completion of the exit conference, to allow the CCO a minimum of 15 days to submit an acceptable corrective action plan; and to allow for the timely processing of the license renewal.

All SIRs are to be written within 60 days of the date that the investigation was initiated. If a report will not be released within that timeframe, written notice of the exception to the timeframe will be provided to the CCO by the DCWL field consultant with a copy to the DCWL area manager.

The CCO may address disagreement with the report after it is issued by contacting the DCWL field consultant. If the disagreement cannot be resolved at the DCWL field consultant level, the CCO may seek resolution by contacting the DCWL area manager to arrange for a meeting where the findings of noncompliance/violations will be discussed. If following a meeting with the DCWL area manager resolution of the disagreement is not reached, the CCO may request a meeting with the DCWL director.

Chapter 8 – ADVERSE ACTION

8-1. Policy

DCWL is committed to working collaboratively with all licensees to implement a corrective process that will ensure improvement in service delivery. When those efforts are not successful, adverse license and or contract action may be recommended.

8-2. Licensee Evaluation

CCOs are evaluated on their performance in four areas:

Current level of compliance with statutes, licensing rules, ISEP, applicable DHHS policy, and or contract, including repeat noncompliance/violations as documented in the LSR. (See 7-2. Findings of Noncompliance)

Trends and patterns of noncompliance/violations during inspections or special investigations completed in the preceding 36 months.

Compliance with the CAP submitted by the CCO in response to any previous noncompliance/violations and the CAP(s) submitted by the licensee during the preceding 36-month period.

Performance as documented in the Monthly Management Reports, caseload reports, InfoView reports etc.

These four criteria provide a full picture of the CCO's performance and allow the Department to make a fair and objective finding related to continuation of the license and or contract.

8-3. Type of Adverse Contract and/or License Action

Adverse contract actions include the following:

Temporary Suspension of Referrals or Moratorium – An action whereby local offices are advised via an electronic communication from the DCWL director that, pending further direction from Central Office, no referrals/placements may be made with the contractor.

Reassignment or Removal of Children – An action whereby local offices are advised, via an electronic communication from the DCWL director that it is necessary to reassign or remove children from a contractor's supervision by a specified date.

Determination not to Renew the Contract – An action whereby the Department will cease utilization of a contractor at the end of the current contract period.

Termination of the Contract – An action whereby the Department will cease utilization of a contractor on a specific day, prior to the end of the current contract period.

Adverse licensing actions include the following (See MCL722.121 which applies to both Act 116 and Act 218):

Denial of Issuance – Action taken against an application when the applicant(s) is/are in substantial noncompliance/violation with the applicable Act and/or licensing rules or falsifies information on the application.

Recommendation for Numbered Provisional (1-3) - Action taken against a license when the licensee is temporarily unable to conform to licensing rules. In order to issue a provisional license, the licensee must have an acceptable corrective action plan on file with DCWL that adequately addresses the rule violations that led to recommendation for a provisional license. In addition, the licensee must complete and sign the Acknowledgment of Appeal Rights (CWL-4617-CPA-CCI) and return with the signed CAP. If the licensee fails to return the CWL-4617-CPA-CCI, it will be treated as an appeal.

A license cannot be modified unless the licensee is given written notice of the grounds of the proposed modification. If the proposed action is not appealed, the license will be modified. MCL 722.117a.

A license may immediately be modified if the licensee waives in writing, the Department's requirement to provide written grounds for the proposed action; or waives the 30 day time frame to submit the written appeal; or waives the right to implement chapters 4 and 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 – 24.292. MCL 722.117a

Refer to Chapter 10 – Disciplinary Action Unit

Recommendation for Revocation – Action taken against a license when the licensee willfully and substantially violates the applicable Act and/or licensing rules.

Recommendation for Refusal to Renew – Action taken against a license when the licensee willfully and substantially violates the applicable Act and/or licensing rules or falsifies information on the application. Recommendations for refusal to renew shall only be made as a result of violations found during a renewal inspection.

Summary Suspension (PA 116 722.123 Injunction) – An order that is issued which requires a licensee to immediately cease operation of the licensed facility. In order to issue an Order of Summary

Suspension, the Department must demonstrate that there is imminent threat to the public health, safety, and welfare or the well-being of a child is endangered which requires emergency action by DCWL.

8-4. Factors Considered When Recommending Adverse Action

Factors considered when making recommendations for adverse contract and/or license action include:

Nature of Noncompliance: Generally, a single finding of noncompliance/violation would not be sufficient cause to take adverse license and or contract action however; noncompliance may occur that is so egregious that a recommendation of adverse action is appropriate. Examples may include but are not limited to:

Failure of the licensee to take reasonable action to safeguard a child which results in injury or abuse to the child. For example: failure to provide the required behavior management or medical training to staff; failure to provide emergency treatment to a child; failure to provide adequate supervision of children; etc.

Actions which demonstrate a willful disregard for licensing rules and for the safety and well-being of children. For example: employing staff for whom the required criminal and central registry checks have not been completed; accepting and continuing the placement of a child that presents a risk to other children; failure to maintain the facility in a clean, comfortable and safe condition.

Falsification of records where evidence supports that the falsification was done with the knowledge of the supervisory or administrative staff. For example: falsifying medical records; falsifying documented required visits with the child, falsifying incident reports/internal investigation reports, sibling, and or parents; falsifying the provision of services.

Failure to obtain required fire safety or environmental approvals.

Number of Non-Compliances/Violations: Licensees who have a significant number of noncompliance/violations in multiple rules, ISEP, policy and contract areas may justify adverse license and/or contract action.

Note: If during the inspection the nature and number of violations found indicates that possible adverse action may be recommended, the consultant shall pull an additional sample of cases equal to 50% of the original sample size.

Repetitive Pattern of Noncompliance/Violations: Licensees who enter into corrective action plans but are unable to implement or sustain those plans resulting in repetitive noncompliance/violations may justify adverse contract action involving contracted CPAs.

License Status: Compliance with applicable licensing rules is viewed as a minimal standard. When a licensee is unable to maintain a regular license, they are unable to meet even the most basic expectations for compliance. Therefore, when a licensee is issued a provisional license by DCWL, the status of the contract will be reviewed by the Children's Services Agency to determine if a recommendation to take adverse contract action should be made.

Failure to Report Suspected Child Abuse and/or Neglect: The failure of a CCO to report suspected child abuse and/or neglect of a child to Centralized Intake, as detailed in Public Act 238 (Child Protection Law). A repeated failure to comply with the reporting requirements of PA 238 within a 12-month period will result in an Administrative Review Team review.

Finding of Substantiated Child Abuse and/or Neglect: Substantiated child abuse and/or neglect by employees of the CCO, or a licensee or household member of a foster family certified for licensure by the CPA, may justify adverse license and/or contract action.

8-5. Process for Taking Adverse Action

Recommendations for adverse license and/or contract action are made by the field consultant and area manager. The area manager will provide the recommendation and all supportive documentation to the DCWL director. The Children's Services Agency Executive Director will make a final decision regarding the recommendation for adverse license and/or contract action.

Refer to Chapter 10 – Disciplinary Action Unit for action steps completed by field consultants and area managers when recommending adverse action and implementing due process in a contested revocation, refusal to renew or modification to provisional license action.

8-6. Documents Required When Recommending Adverse Contract and/or License Action

When requesting adverse license and/or contract action, the area manager will provide the following information to the DCWL Director:

- A summary which includes the primary concerns and reasons for the recommendation, referencing applicable reports, documents, etc.

- A copy of the most recent DCWL licensing or special investigation report resulting in the recommendation.

A copy of the two prior LSRs for the previous 36-month period and any applicable SIs and CAPs.

A summary of MIC-Child Protective Service findings if applicable.

8-7. Reassignment and Replacement of Children

Adverse license and/or contract action may involve the reassignment of children being served by the child placing agency or the replacement of children serviced by a child caring institution. Roles and responsibilities of individual DCWL staff will be identified through initial and ongoing meetings on a case by case basis. There are different considerations when implementing the reassignment/removal process of children.

Reassignment of Child Placing Agency Cases:

Because children do not physically reside with a contracted child placing agency and therefore are not under the daily direct care of the CPA, the termination of a CPA contract and license does not require removal of children, rather reassignment of the case management supervision. Therefore, when reassignment of foster children from a PAFC contractor is necessary, the DCWL director will work with CWSS to notify local DHHS offices, all licensed foster parents and relatives receiving case management services from the licensee/contractor.

DCWL and CWSS will collaborate in the transfer of case management, foster home licenses, and case records, etc. to either another foster care contractor or the local DHHS office. The foster parents and/or relatives will be advised that if they wish to continue the children's placement in their home, they will need to initiate transfer of their foster home license to another licensed CPA under contract with DHHS. Case management services will usually transfer to the CPA in which the foster parent chooses to manage their license.

DCWL and CWSS will ensure that payments are made prior to closing the license.

DCWL, CWSS and MiSACWIS will work closely to prioritize the transfer of foster home licenses and case management services to ensure that the required activities occur timely and that no children or parents experience an unnecessary disruption in their foster family, relative placement or case management services.

DCWL will verify that all foster home licenses and enrollments have been transferred from the CPA prior to closing the CPA license.

Weekly conference calls with DCWL, CWSS, the CPA, local offices and MiSACWIS are required. Agendas include the following:

Review of data reports from the Division of Continuous Quality Improvement - Data Management Unit which provides a list of foster

care cases that must be transferred and tracked. Essential information included on the report includes: child's name, MiSACWIS ID, date of birth, current case worker name, legal status, date of next court hearing, originating county, etc.

Review of the BITS data report on the foster homes currently assigned to the CPA. Report should include: foster parent name, license number, address, phone number, license status, etc.

Discussion of activities necessary to transfer foster home licenses/enrollments: informing foster parents and applicants of the need to transfer; providing foster parents and applicants with list CPAs from which to choose; providing orientation to the new agency and processing new applications; scheduling family team meetings to transfer information on service provision; transfer of records; etc.

Reassignment of Children from a RFCAN/JJ Contractor:

Emergency Replacement:

Children reside physically with the residential contractor and therefore are subject to the contractor's direct care and supervision.

License and contract noncompliance and the subsequent adverse action that requires replacement of children may or may not be based on determination that circumstances and conditions exist which may endanger the health, safety, or welfare of children. If concerns exist which may endanger the health, safety, or welfare of children, the residents will immediately be replaced.

If findings exist indicating that the public health, safety or welfare requires emergency action, the summary suspension of a license may be ordered. If a summary suspension is ordered residents must be immediately replaced.

DCWL will notify the BSC directors, CWSS and the Regional Placement Unit (if applicable) to coordinate the assessment of each child's case, scheduling of family team meetings etc. to determine the type of placement that is appropriate for the child. There may be a determination that a child can be replaced to a less restrictive setting, and if so, the appropriate non-residential placement will be made. If the child continues to require residential care, DCWL will work with CWSS, the BSCs, and permanency resource managers to locate the most appropriate residential placement to meet the treatment needs of the child.

Appropriate involvement/notification of the parents and court will be made by the assigned caseworker.

DCWL will remain in contact with the residential contractor to ensure their full cooperation during the replacement efforts and that adequate staff supervision continues until all children are replaced.

Non-Emergency Replacement:

In situations where the adverse contract action requires replacement of children and the adverse action is not based on concerns of health, safety and well-being, DCWL will work with the contractor, CWSS, BSCs and the local offices to ensure an organized replacement process. All local offices will be directed to conduct a family team meeting for each child to determine the next most appropriate, least restrictive setting available to meet the child's treatment needs.

Appropriate involvement/notification of the parents and court will be made by the assigned caseworker.

DCWL will remain in contact with the residential contractor to ensure their full cooperation during the replacement efforts and that adequate staff supervision continues until all children are replaced.

Chapter 9 – Safety Assessments

*(***applies to Field Analysts and Field Consultants***)*

9-1. Policy

The Implementation, Sustainability and Exit Plan (ISEP), 5.12 Contract – Agency Evaluation, requires that DHHS conduct annual evaluations of all child caring institutions (CCIs) and private child placing agencies (CPAs) to ensure that the CCIs and private CPAs are complying with the applicable terms of ISEP. The ISEP also stipulates that a random sample of foster homes will be visited as a part of the annual inspection.

Field analysts are responsible for assessing the safety in the homes of licensed and unlicensed/related caregivers. Home visits are conducted to assess the home for safety using interviews with foster children, foster parents, and unlicensed relatives. Field consultants are responsible for verifying resolution of the safety concerns identified by the field analysts.

9-2. Identifying Child Placing Agencies Due for On-Site Reviews

Area managers, field consultants and field analysts will receive the CWL Expiring License Renewal spreadsheet monthly from Central Office, which provides a list of licenses due to expire in the next three months.

By the 5th of each month field analysts will review the Field Analyst Assignment Spreadsheet, the field consultants' Outlook calendar, and the CWL expiring license renewal spreadsheet to identify child placing agencies due for an interim/renewal licensing inspection within the next three months.

Within the shared drive, field analysts will update the Field Analyst Assignment Spreadsheet monthly by reviewing the applicable data base(s) for the license expiration date. The Field Analyst Assignment Spreadsheet (Attachment 35) is located at: S:\Bfs\Bfscwl\Policy-Procedures DCWL\Field Analyst Forms and Templates.

Field analysts will update the child placing agency contact information on the Field Analyst Assignment Spreadsheet.

9-3. Sampling Process

The ISEP, 5.12 Contract-Agency Evaluation requires at least once per year:

“(2) DHHS shall visit a random sample of each CPA’s foster homes as a part of the annual inspection. CPAs with less than 50 foster homes shall have three foster homes visited. CPAs with 50 foster homes or more shall have 5% of their foster homes visited...”

To ensure the safety of children placed, field analysts will visit a random sample of licensed foster homes and a random sample of unlicensed homes assigned to the CPA. The same sample methodology will be used for each group.

Field analysts will use the following to determine the number of homes that are to be visited. Two separate samples must be pulled as follows:

Licensed foster homes.

Total Number of Licensed homes:	Sample Size:
0-60	3
61-80	4
81-100	5
101-120	6
121-140	7
141-160	8
161-180	9
181-200	10
201-220	11

2. Unlicensed homes.

Total Number of unlicensed homes:	Sample Size:
0-60	3
61-80	4
81-100	5
101-120	6
121-140	7
141-160	8
161-180	9
181-200	10
201-220	11

The following sampling instructions will be used:

Obtain your list of licensed foster homes from the DCWL website: <https://cwl-search.apps.lara.state.mi.us/>. Request the PDF list to be changed to a excel document by the Central Office assigned secretary. Transfer the list to the Licensed/Unlicensed Homes spreadsheet (Attachment 36).

Draft the standard letter (Attachment 28) which will be sent via email to the designated CPA employee (licensing supervisor or program manager with a copy to the chief administrator). The letter should provide the following instructions:

Review and confirm the list of licensed homes for accuracy.

Identify the licensed foster homes that currently have and/or have had children placed in the past year.

If the CPA has had a provisional license, identify the licensed foster homes that currently have and/or have had child placed in the last six months.

Request a list of current unlicensed relative homes.

The list of licensed foster homes/unlicensed relatives must be returned to the field analyst within five business days.

CPA staff must contact the selected licensed foster homes, unlicensed relatives associated with the children placed in the selected homes to inform them of the following:

DCWL is responsible for monitoring licensed child placing agencies.

Annually, DCWL spends approximately four days at your agency reviewing children's records and interviewing staff, foster parents and children to ensure that services are provided according to licensing rules and policies.

As a component of the annual licensing review, a random sample of the agency's homes are visited in

order to assess the safety of the children placed in the home.

Your home has been randomly selected to be reviewed by the DCWL and consequently will be contacted to schedule a home visit at your convenience.

Attach the Licensed Foster/Unlicensed Relative spreadsheet to the letter.

Use the random number generator to randomly select your two samples; one sample for licensed foster homes and one sample for unlicensed relatives. Borrowed beds will not be excluded from the sample.

Use the following website www.random.org which will produce the random number generator page. Scroll down to the "Names" heading and select "sequence generator." Enter the number "one" for the minimum and the maximum number will be the number of licensed foster homes who have had children placed within the last year. The random sample should be generated one time only for each sample; licensed foster homes and unlicensed relatives. Repeat this step for unlicensed relatives identified by the CPA.

In the column box, enter the number "one." This will generate two random lists with all of the numbers.

To obtain the sample, pull 10% of the homes rather than the ISEP required 5%. This allows for an oversample of extra homes should homes need to be disqualified for any of the approved reasons listed below. Use the first number on the randomly generated list and continue down the list to the number of homes required (e.g., if 5% is 3 homes select the first 6 numbers on the random generated list to obtain the oversample of 10%).

Count down the foster home list until the numbers identified on your random generator list are obtained; these will be the homes you will visit (i.e.

if there are 50 homes on your home list and the top 6 numbers are 14, 20, 6, 42, 29, 16 you will count down the list of foster homes to the 14th, 20th, 6th, and so on. The first three are the homes to visit. The other three are only to be used if one of the first three cannot be used for one of the reasons cited below.) Repeat this process for unlicensed relatives.

The following criteria may disqualify a home from the random sample, upon approval from the area manager:

No response after three documented attempts. The following active efforts must be made to schedule a home visit:

Attempted contact via phone, email and/or text message. Field analyst will leave a message to contact. Frequency of the contact may be every other day.

Contact the assigned licensing/foster care worker to verify correct contact information and current status of the home.

Review MiSACWIS and or BITS to verify correct contact information.

Contact the assigned field consultant regarding lack of response by the CPA if applicable.

Unwilling participants – must be discussed with the area manager. Children are under the care and supervision of DHHS which allows DHHS the authority to complete these home visits.

If the licensed foster home is closed as reported by the CPA, the field analyst must verify the closure with DCWL; date adoption was finalized, date of 3706, etc.

Upper Peninsula Coverage Area – the sample will be reviewed/discussed with the area manager.

Screen shot the random number selection from www.random.org and attach to the list of licensed foster homes and unlicensed relatives and the contact sheet.

These documents are to be sent to the area manager for review.

Transfer the names from the random sample selection, including the oversample, into the first column of the Field Analyst Contact Sheet. Send the letter (Attachment 29) and the Field Analyst Contact Sheet to the identified CPA contact with instructions to complete all boxes with the required information. The completed Field Analyst Contact Sheet must be returned within three business days.

The field analyst provides instruction to the CPA that all families included in the identified sample may be contacted by DCWL to arrange a home visit and interview. The DCWL field analyst will send a confirmation letter to the foster home and unlicensed relative confirming the date/time of the scheduled home visit. The letter should be sent via text, email, US postal mail etc. (Attachment 30)

The DCWL Field Analyst Contact Sheet must be used to document the contact with the foster homes and unlicensed relatives. Three attempts must be documented on the contact sheet prior to removing the name from the sample as well as notification to the CPA that the family did not respond to the DCWL contact and discussion with the area manager.

In preparation for the home visits to licensed foster homes, the field analyst will review BITS for information on the licensed foster home; e.g. terms on the license (age range, capacity, gender, etc.) and MiSACWIS for any variances to a licensing rule such as bedroom size, bedroom walls and floors, bedroom sharing with parents, latchable doors to egress, safe sleep requirements due to medical documentation, etc.

9-4. Scheduling and Conducting Home Visits

Home visits are scheduled three to four months prior to the field consultants' interim/renewal on-site CPA review.

Home visits are to be scheduled at the convenience of the family and to allow for interviews with all children placed in the home regardless of CPA case responsibility. This may require after school, evening and weekend home visits. CPAs and foster parents will be informed that home visits will

need to occur within a timeframe to ensure that the field analyst report is completed and distributed prior to the field consultant's scheduled licensing review.

Field analysts use the standard interview questions:

DCWL Interview with Foster Child (Non-Verbal children will be observed) (Attachment 37)

DCWL Caregiver Interview-Home Checklist (Attachment 38)

Note: All foster parents and foster children placed in a borrowed home will be interviewed using these two forms as well. Clarifying questions may be needed to understand what is reported during the interviews and to ensure accuracy.

D. Field analysts conduct a tour of the home.

9-5. Safety Alerts

Field analysts may identify safety concerns during the home visit; through interviews, observations or during the home tour. Field analysts will complete the following:

Observed safety concerns will be documented and reported according to standards and timeframes identified on the Safety Alert Response Requirements (Rev. 01/2019). (Attachment 31)

Field analysts document safety concerns on the Safety Alert (CWL-4613) (Attachment 32). Documentation shall include the following:

Identify each safety concern.

A clear and concise description of the safety concern, (e.g., no egress—analyst observed the basement being used as living space with no window to use as an emergency exit).

Field analysts will immediately report to Centralized Intake any allegations of suspected abuse and or neglect observed or reported during a home visit. The DCWL field analyst will document the contact on a 3200 and include the Centralized Intake number on the Safety Alert form.

The area manager and assigned field consultant receive the Safety Alert for review.

The Safety Alert is forwarded to the CPA by the assigned field consultant for resolution by the CPA.

Verification that safety alerts have been resolved is required to be documented on the Safety Alert by the CPA and field consultant (e.g., pictures if applicable, CAP, etc.). Signatures are required of the CPA and DCWL staff verifying resolution.

Area managers are responsible for ensuring that verification has been obtained, documented on the Safety Alert as well as in the licensing study report completed by the field consultant.

Field consultants will send the resolved Alert to the area manager for review and approval.

Safety Alerts when resolved are to be filed on the shared drive in the respective ISEP period folder by the area manager.

Safety Alerts are to be resolved within timeframes as determined by the area manager using the DCWL Safety Alert Response Requirements, Rev. 06/2019.

Resolution of the Alert is to be documented on the Safety Alert and within the field consultant's licensing study report (LSR).

Documentation requirements must include:

- Specific resolution and supporting documentation (e.g. pictures, CAP, etc.) including the resolution date.

- Comment that the safety alert has been completely resolved.

- Field analysts may be assigned to conduct a home visit to confirm the safety alert resolution.

Resolution of the safety alert is the responsibility of the CPA, the assigned field consultant and area managers. Area managers are to discuss resolution of safety alerts during monthly supervision with field consultants.

The Safety Alerts will be compiled on a tracking spread sheet and included in the ISEP folder. DCWL director, area managers and departmental analysts will review trends and patterns and make recommendations regarding staff training/technical assistance needs, systemic factors, etc.

9-6. Field Analyst Documentation

Field analysts send the completed Division of Child Welfare Licensing, Field Analyst Contact Sheet (Attachment 34), original list of CPA's foster homes, the sampling screen shot, and Safety Alerts to the area manager for review. Field analyst documentation is due to the area manager based on the following:

- Renewal Inspections: 45 days prior to the expiration of the CPA license.

- Interim Inspections: 45 days prior to the scheduled on-site inspection; review field consultant's calendar for the date. The interim inspection due date is determined by the license renewal date (month and day).

The inspection can be completed up to 60 days prior to the anniversary date of the renewal or up to 60 days after.

Area managers send the DCWL Field Analyst Contact Sheet and the Safety Alerts to the assigned field consultant and field analyst. Analysts will save the contact sheet to the Shared drive in the appropriate ISEP folders.

Assigned field consultant sends the DCWL Field Analyst Contact Sheet and Safety Alerts to the CPA prior to the scheduled on-site visit. Any identified safety concerns will need to be resolved by the CPA within timeframes specified by the assigned field consultant and prior to the exit conference.

CPA must provide documentation to the field consultant on the Safety Alert (e.g. pictures if applicable, CAP, date of resolution, etc.) by the specified due date and prior to the on-site review.

The field analyst will attend the entrance interview, for the purposes of providing feedback that the analyst received during the home visits. The field analysts' findings, including safety alerts and any other feedback obtained by the field analyst during home visits will be discussed during the entrance interview with the CPA chief administrator by the field consultant and the field analyst. Any feedback provided by the field analyst to the CPA chief administrator regarding information obtained during home visits, aside from safety alert issues, will be provided for informational purposes, for the CPA chief administrator to follow up on as necessary. This information will not be tracked by DCWL, and is intended for qualitative use by the CPA chief administrator.

In advance of the entrance interview either an in-person or teleconference meeting shall take place between the field analyst and field consultant to discuss the analyst's findings and feedback that will be shared during the entrance meeting. The purpose of this meeting is to ensure consistency in the communication shared by DCWL staff with CCOs. It is expected that the field analyst and field consultant will approach this meeting and the entrance interview with a unified team perspective.

The field analyst's attendance at the entrance interview may be either in-person or via teleconference, however it is expected that the field analyst will attend periodically in person.

Chapter 10- Disciplinary Action Unit

10-1. Policy

The Disciplinary Action Unit (DAU) is responsible for taking action on behalf of the Department to deny the issuance, refuse to renew, revoke or modify a license or assist with other legal provisions related to the regulation of child care organizations. Such actions are defined by Act 116:

MCL 722.117a Provisional License

MCL 722.121 Denial, revocation, or refusal to renew license; grounds; notice; appeal; hearing; decision; protest; denial of license for noncompliance; complaint by legislative body of city, village, or township; procedure; previous revocation of license or certificate of registration; issuance of license to individuals prohibited; conditions; immediate revocation or refusal to renew license or denial of application; issuance of subpoena; order; definitions.

MCL 722.123 Injunction

The DAU also represents the Department in expunction hearings regarding the placement of an individual's name on the Children's Protective Services (CPS) Central Registry. The DAU handles all expunction hearings for the Maltreatment in Care – Child Protective Services (MIC-CPS) which investigates child abuse and neglect complaints for children in the custody of MDHHS. Expunction hearings are defined by the Child Protection Law (CPL), 1975 PA 238, MCL 722.627(6).

MCL 722.627 Electronic central registry; availability of confidential record; closed court proceeding not required; notice to person named in record; amending or expunging certain reports and records; hearing; evidence; release of reports compiled by law enforcement agency; information obtained by citizen review panel; release or inspection of documents from another agency or organization; sharing of information or records.

A person who is the subject of a report or record made under this act may, within 180 days from the date of service of notice of the right to a hearing, request the department hold a hearing to review the request for amendment or expunction. If the hearing request is made within 180 days of the notice, the department shall hold a hearing to determine by a preponderance of the evidence whether the report or record in whole or in part should be amended or expunged from the central registry. The hearing shall be held before a hearing officer appointed by the department and shall be conducted as prescribed by the

Administrative Procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328. The department may, for good cause, hold a hearing under this subsection if the department determines that the person who is the subject of the report or record submitted the request for a hearing within 60 days after the 180-day notice period expired.

Administrative hearings related to adverse licensing action and expunction from central registry are conducted as prescribed by the Administrative Procedures Act of 1969, (APA) and the Michigan Administrative Hearings System Uniform Hearing Rules, Michigan Admin Code R792.1010, et. seq.,

General Provisions – Administrative Procedures Act of 1969

Chapter 4 – Procedures in Contested Cases

MCL 23.271 – MCL 24.288

Chapter 5 – Licenses

MCL 24.291 – MCL 24.292

Chapter 6 – Judicial Review

MCL 24.301 – MCL 24.306

Requirements for Licensing Disciplinary Actions

24.291 Licensing; applicability of contested case provision; expiration of license.

Sec. 291. (1) When licensing is required to be preceded by notice and an opportunity for hearing, the provisions of this act governing a contested case apply.

24.292 License; suspension, revocation, and amendment proceedings; summary suspension.

Before beginning proceedings for the suspension, revocation, annulment, withdrawal, recall, cancellation or amendment of a license, an agency shall give notice, personally or by mail, to the licensee of facts, or conduct that warrants the intended action. The licensee shall be given an opportunity to show compliance with all lawful requirements for retention of the license....

If the agency finds that the public health, safety or welfare requires emergency action and incorporates this finding in its order, summary suspension of a license may be ordered effective on the date specified in the order or on service of a certified copy of the order on the licensee, whichever is later, and effective during the proceedings. The proceedings shall be promptly commenced and determined.

10-2. Overview – Licensing Adverse Action

When it has been determined that an adverse action to a license is warranted due to one or more violations of applicable statute and or licensing rules, the disciplinary action process is invoked. Similarly, an applicant becomes subject to a disciplinary action if after assessment by a field consultant or a foster home certifying agency, a determination is made that the applicant, a member of their household (in the case of a proposed foster family/foster family group home) or the proposed designee does not meet the minimum standards for licensure.

Recommendations for adverse action are made by the following entities depending on license type.

DCWL field consultants may recommend adverse action on a license issued for any of the following child care organizations:

- CCI-Children’s Therapeutic Group Home (CM)
- Court Operated CPA (CA)
- Court Operated Facility (CO)
- DHHS Operated Child Caring Institution (CS)
- MDHHS Child Placing Agency (CP)
- Non-MDHHS Government Operated Child Caring Intuition (CE)
- Non-MDHHS Government Child Placing Agency (CN)
- Private Non-Governmental CCI (CI)
- Private Non-Governmental CPA (CB)
- Foster Family Homes (CF)
- Foster Family Group Homes (CG)

CPA licensing workers/supervisors make license recommendations to the Department as defined by MCL 722.115 (2) and (3) on the following:

- Foster Family Home (CF)
- Foster Family Group Home (CG)

The types of licensing actions DCWL may consider are defined under MCL 722.117a and MCL 722,121(2). Adverse action types include: Revocation, refusal to renew, denial of issuance, and modification to a provisional license.

If a child care organization commits serious violations that jeopardize the health, safety or welfare of children and children remain at immediate risk, DCWL may take emergency action under the APA, MCL 24.292. DCWL may order the suspension of the license.

DCWL will issue an Order of Summary Suspension and Notice of Intent to Revoke, which orders the licensee to discontinue operating by a specific date and time, typically within 24 hours.

A recommendation to modify a license to provisional status or a recommendation to revoke or refuse to renew a license requires a field consultant and or licensing worker to show that one or more willful and substantial statute and/or administrative rule violations occurred.

The annual CPA/CCI Licensing Study Report (LSR) or a Special Investigation Report (SIR) completed by the field consultant must include the following documentation:

Level of compliance with statutes, licensing rules, the Implementation, Sustainability and Exit Plan (ISEP), applicable MDHHS policy and or contract, including repeat noncompliance/violations.

Trends and patterns of noncompliance/violations during inspections or special investigations completed in the preceding 36 months.

All CAPS submitted by the licensee during the preceding 36 months, along with an assessment of the CPA/CCI's overall compliance with previously cited rules and implementation of the plans.

A recommendation to modify the license to a provisional license when the licensee willfully and substantially violates CCOA, the rules promulgated under the CCOA or the terms of the license.

The licensee will be required to submit an acceptable CAP to overcome the noncompliance/violations.

The field consultant will provide a copy of the report to the licensee within 30 days of the inspection/special investigation and an Acknowledgement of Appeal Rights (CWL-4617-CPA-CCI) (Attachment 41). If the report and CWL-4617-CPA-CCI are emailed to the licensee, the field consultant will request and email confirmation that the report has been received.

The licensee must complete and sign the CWL-4617-CPA-CCI and return with the signed CAP. If the licensee fails to return the CWL-4617-CPA-CCI it will be treated as an appeal.

Refer to Chapter 8 – Adverse Action for additional information regarding field consultants' procedures when recommending adverse licensing action and MCL 722.117a (5)(a) and (b).

Process for modifying a foster family home/foster family group home:

The CPA licensing worker must complete the applicable special evaluation (CWL-4005), make a license recommendation and provide a copy of the report to the licensee within 10 days of

completion. (Refer to Licensing Rules for Child Placing Agencies, R400.12327 and R400.12325)

If the recommendation is a modification to a provisional license, a CAP must be developed with the licensee. In addition to the CAP, the Acknowledgement of Appeal Rights (CWL-4617-FH) (Attachment 42) must be completed by the licensee.

If the foster parent refuses to agree to sign the CAP and also refuses to coordinate on the development of a CAP, the certifying agency must recommend revocation.

If the CAP is signed, but the licensee has failed to return the CWL-4617-FH, it will be treated as an appeal.

The certifying agency must submit to DCWL 259 email box (MDHHS-DCWL-259@Michigan.gov) the following documents:

Closing Special Evaluation Record (CWL-259)

CWL-4005 and supporting documents

Signed CWL-4617-FH

These documents will also be uploaded in the Special Evaluation Document hyperlink in MiSACWIS. [DRAFT Disciplinary Action Unit Denial/Revocation Checklist (CWL-4618) Attachment 43].

Due Process

Due process in a contested revocation, refusal to renew, or provisional action requires four necessary and progressive steps:

Notice of Intent (NOI): The notice which conveys the Department's intent to take disciplinary action and includes facts and conduct which warrant the action.

Opportunity to show compliance e.g. Compliance Conference

Notice of hearing which commences the contested case proceedings

Administrative Hearing

Notice of Intent

In the disciplinary action process, the NOI serves multiple functions:

The NOI fulfills the Department's requirement to inform the licensee/applicant of the action intended to be taken against the licensee/applicant and the facts and conduct that warrant the action.

Outlines the licensee's/applicant's rights and responsibilities related to the intended action.

Notifies the licensee/applicant of appeal/hearing rights and informs them that an appeal must be filed within 30 days of receipt of the NOI. It further provides that the Department will take the intended action if no appeal is filed within 30 days

The NOI is the “charging” document for a contested case appeal at the administrative hearing.

Compliance Conference

Attached to the NOI is a Notice of Compliance Conference. If the licensee submits a timely appeal to the NOI, the DAU analyst schedules and conducts a compliance conference at which the licensee is given the opportunity to show compliance with all lawful requirements for retention of a license. The compliance conference is held within 60 days and may occur by phone or in person.

Note: Although an exit conference between the field consultant and the licensee may take place, before the NOI is mailed, the exit conference does not meet the compliance conference requirement.

Potential outcomes of a compliance conference include: An agreement between the parties to resolve the matter without a hearing; the intended action; or a different licensing action allowed by the statute or no change in the license status.

Compliance conference attendees involving a CPA/CCI include: Licensee, DAU analyst, field consultant, area manager, DCWL director and the CSA executive director. Compliance conference attendees involving a foster family home/foster family group home include: Licensee(s), DAU analyst, and CPA licensing worker/supervisor.

The licensee is entitled to have legal representation at their own expense at the compliance conference.

An applicant who has been issued an NOI to deny licensure is not entitled to a compliance conference.

If the compliance conference does not resolve the matter, the DAU files the NOI and a Request for Hearing with the Michigan Administrative Hearings System (MAHS).

The DAU analyst routes the DAU file to the division secretary to request an administrative hearing.

MAHS will commence the contested case proceedings with a Notice of Hearing described in the APA.

Administrative Hearing

An administrative hearing is a quasi-judicial proceeding held by the Department at which an administrative law judge (ALJ) listens to the evidence presented by the licensing authority and the applicant or licensee named in the NOI. The purpose of the hearing is to recommend to the Department director whether there is sufficient evidence of existing licensing violations that supports the intended action. The standard for making the recommendation is a preponderance of evidence – i.e. more likely than not.

10-3. Workload Activities – DAU Analyst

DAU analysts are the DCWL staff responsible for reviewing documentation submitted by DCWL field consultants or CPA licensing staff with a recommendation for adverse licensing action on CPA, CCI and foster family home licenses; drafting NOIs; preparing documents for administrative hearings and summary suspensions; and conducting compliance conferences. DAU analysts represent the Department in all licensing matters and MIC-CPS expunction hearings.

The process for assigning cases to the DAU is dependent upon the license type and/or referral source. Clerical Processes and Procedures – Receiving and Assigning New DAU cases (Attachment 44)

DAU is assigned a case by the division director when recommendations are made for adverse action on a CPA or CCI license.

Recommendations to modify a foster family home license by a CPA are sent to the DCWL Organizational Support Unit.

MIC-CPS cases are received via email from the MIC-CPS program office.

The following process is completed when preparing an NOI:

A conference call will be scheduled with DCWL staff recommending adverse action on a CPA/CCI license to: obtain background information; review the willful and substantial violations; identify supporting documentation needed (copies of policies, video, signed CAPS, LSRs and SIRs with repeat violations, Incident Reports etc.)

The DAU analyst drafts the NOI based on information documented in reports, the supporting documents etc. The NOI template includes a letter providing the licensee with information on their right to appeal the NOI within 30 days of receipt. Notices of Intent (NOI) (Attachment 45) and Clerical Processes and Procedures – 30 Day Appeal Letters (prepared by DAU Analyst) (Attachment # 46)

In cases involving a CPA or CCI, the DAU analyst prepares the NOI which is reviewed by the field consultant, area manager and the DAU manager. Final approval is given by the division director following review by the CSA executive director.

The NOI is signed by the division director or designee, when necessitated by emergency or extended absence.

The NOI is mailed certified, to the applicant/licensee. Unless the applicant/licensee submits a timely appeal (as outlined in the NOI), the DAU manager will make the intended BITS action and written notification via letter to the foster home applicant/licensee will be completed. Area managers will make the necessary BITS changes to

modify a CPA/CCI license. Clerical Processes and Procedures – Notices of Intent (Attachment 47)

Note: If the report recommends a summary suspension, the NOI is hand delivered. Refer to F. Summary Suspension.

The division secretary mails a copy of the NOI to the applicable staff (field consultant and area manager or CPA licensing worker/supervisor) with the compliance conference appointment. Clerical Processes and Procedures – Notices of Intent (Attachment 45)

Compliance Conference Preparation

In preparation for the compliance conference the DAU analyst will:

- Notify the licensee and applicable DCWL/CPA staff of the compliance conference.

- Review the NOI and consult with the DAU manager regarding a possible settlement agreement. A DRAFT settlement agreement may be prepared.

Conducting a Compliance Conference and Offers of Settlement

During the compliance conference the DAU analyst will review each allegation in the NOI with the licensee and allow them the opportunity to answer the allegations contained within the NOI and show compliance with all lawful requirements for retention of a license. The DAU analyst will answer any questions and provide information on the next steps: e.g. administrative hearing; settlement agreement; the intended action; a different licensing action allowed by the statutes; or no change in the license status.

Note: If an attorney attends the compliance conference at the request of the licensee, the DAU analyst will conduct the compliance conference. Attorney General (AG) representation will be requested to represent the Department for the administrative hearing if the licensee will be represented by an attorney.

- DCWL may also discuss protentional offers of settlement with the licensee or his/her attorney.

- A written Settlement Agreement resolves a DAI case short of hearing. The terms, language and timing of the agreement are negotiable and will vary based upon the DCWL Director's approval. In order to resolve the adverse action, the Settlement Agreement must include one of the following outcomes:

- Licensee agrees to revocation/refused renewal of the license.

- Licensee agrees to administrative closure of the license.

Licensee agrees to corrective actions and the issuance of a provisional license.

Licensee agrees to corrective actions and the status of the license will remain unchanged.

If the compliance conference outcome demonstrates that a licensee did not commit the allegations in the NOI, DCWL must withdraw the NOI and the status of the license will remain unchanged. This is done via letter to the licensee.

The length of the investigation and disciplinary action process may extend beyond the expiration date of a license. If the compliance conference outcome is to allow the license to continue, the DAU must make the settlement offer contingent upon receipt of a favorable renewal assessment.

The consultant/CPA licensing worker will complete the renewal assessment and forward the results to the DAU analyst.

If the renewal assessment determines either repeat or additional willful and substantial violations, the DAU will issue an Amended NOI to incorporate the new findings and will proceed with adverse action.

If the renewal assessment is favorable, the DAU analyst and DAU manager will consult with the consultant/CPA licensing worker regarding corrective actions and changes in the license terms that may aid the licensee and assure children's safety. These items will be drafted into a Settlement Agreement.

The draft agreement is presented to the DCWL director for verbal approval (no signature) and is then sent to the licensee for signature.

Upon receipt of the signed Settlement Agreement from the licensee, the DCWL director will then sign the document. This is known as a fully executed settlement agreement.

The DAU manager will renew the foster home license in BITS and modify any other licensing terms specified in the agreement and provide the case to the DAU administrative support staff for case closure.

Refer to G. Settlement Agreement for additional information regarding settlement agreements.

Administrative Hearing

The DAU staff will follow MAHS processes and procedures as outlined in the APA. Refer to Administrative Procedures Act of 1969, 1969 PA 306 (APA).

The following steps are included in hearing preparation:

The DAU analyst receives a request for administrative hearing from the licensee. The DAU analyst provides the file to the division secretary and requests that the Request for Hearing (MAHS) form be prepared and sent to MAHS for the appropriate action. Clerical Processes and Procedures – Requesting Administrative (MAHS) Hearing (Attachment 47).

The DAU analyst will review the NOI and prepare various hearing documents, such as witness and exhibit lists, motions, etc., which the DAU secretary will be requested to send on the analyst's behalf by certified mail to the licensee. (The DAU analyst may assess witnesses and their ability to testify and/or to review their testimony). Clerical Processes and Procedures – DAU Analyst Created Hearing Documents and Misc. Documents (Attachment 48)

The DAU analyst will prepare questions which will be used during the administrative hearing and consult with the DAU manager as needed.

Subpoenas may be needed for the administrative hearing. The DAU analyst prepares the Subpoena Request form which is provided to the division secretary. Subpoenas are prepared by the MAHS Administrative Law Judge's office and sent to the DAU analyst. The analyst will then give the Subpoena(s) to the DAU secretary to process. Clerical Processes and Procedures – Steps to Process Out a MAHS Subpoena (Attachment 49)

Note: Current state and private CPA employees do not receive subpoenas as providing testimony during administrative hearings is a function of their employment. DAU analysts will provide notification of the administrative hearing to the DCWL field consultant.

All notices from MAHS, including hearing dates, Final Decisions & Orders, etc. are sent to DCWL via the electronic mailbox CWL-NOH by the Administrative Law Judges' (ALJ) offices. Clerical Processes and Procedures – MAHS Notice of Hearing – Received by DCWL for DAU Actions (Attachment 50)

Denial of Issuance: In the case of a denial of issuance, the applicant has the burden of proof to show that he/she meets all requirements for the license.

Summary Suspension

A summary suspension of a license is an emergency action taken by DCWL to immediately and temporarily withdraw permission for the licensee to operate pending the outcome of a hearing. (Refer to MCL722.121 and APA) A decision to

proceed with a summary suspension is to be made in conjunction with the division director and the CSA executive director. (Refer to 8-3. Type of Adverse Contract and/or License Action and 8-7. Reassignment and Replacement of Children) Summary suspension actions are taken under the following circumstances:

Children are in imminent danger and it becomes necessary to provide immediate protection to children in a licensed foster family home, foster family group home or CCI.

After an actual instance of harm when conditions present ongoing danger.

The following process is completed for a summary suspension:

The DAU manager is informed by the division director that a summary suspension is recommended; license number, facility name and copy of the LSR/SIR are provided.

The field consultant enters the appropriate events for the inspection type and Recommend Revocation/Refusal to Renew and Notice of Intent – Recommendation to Central Office into BITS.

The DAU analyst prepares the Order of Summary Suspension and NOI which is reviewed by the DAU manager and signed by the division director.

The DAU analyst scans and emails the DAU documents to the field consultant/area manager.

The field consultant/area manager serves in person the Order of Summary Suspension, NOI, the report, and the Request for Hearing form to the licensee in person.

The field consultant/area manager explains the summary suspension to the licensee.

The field consultant/area manager will explain the contents of the Order of Summary Suspension, NOI, the report etc. In addition, the following will be explained:

As of a specific date licensee is no longer able to operate

Licensee is not to accept placements

Arrangements to be made to obtain records/files

MiSACWIS access will be terminated – field consultant may need to initiate access termination

Right to an attorney at their own expense

Compliance conference and administrative hearing will be scheduled

The field consultant signs the proof of service, indicating that the documents were served to the licensee and faxes a copy of the signed proof of services to the division secretary.

Note: If the licensee is not available to receive the documents, the field consultant may leave them at the site and notify the division secretary, area manager, DAU manager and division director that the documents were left on-site. Also note this on the proof of service document. The division secretary will send copies to the licensee via certified mail. If the licensee refuses to take a copy of the documents, the notification process and documentation noted above needs to be followed.

The field consultant notifies the DAU analyst/DAU manager that the licensee has been served.

The division director is responsible for providing current information to the Communications Department, CSA executive director, BSC and CWSS directors and CPAs responsible for children placed, MiSACWIS and the Federal Compliance Division. (Refer to 8-7. Reassignment and Replacement of Children)

The field consultant enters the final BITS events – the appropriate report sent event (e.g. LSR Sent, SIR Sent), SIR Closed (if SIR), and DU-Summary Suspension Served.

Settlement Agreement

A settlement agreement is an agreement between the licensee and the Department which outlines the action that will be taken to resolve issues outlined in the NOI. By signing a settlement agreement, a licensee is not admitting that the allegations are true but also does not contest the allegations; understands that the allegations will be treated as fact for future licensing purposes; and accepts the disciplinary action recommendation. [(Refer to MCL 722.125(4))]

Settlement agreements are drafted by the DAU analyst and or with the Attorney General's office if the licensee is represented by an attorney. Note: Collaboration is needed between the field consultant and the entity drafting the settlement agreement to ensure that the settlement agreement language is appropriate based on the situation and or licensee's licensing history.

Settlement agreements are signed by the division director after it is signed by the licensee. The disciplinary action goes into effect on the date the division director signs the settlement agreement or other date agreed upon in the settlement.

Settlement Agreement Reversing Disciplinary Action Recommendation

If a field consultant recommends revocation or refusal to renew and a settlement agreement is reached to not revoke or to renew the license, the division secretary will update BITS and send a copy of the settlement agreement to the field consultant and area manager.

The field consultant must complete an amendment to the report that recommended revocation or refusal to renew to document that a settlement had been reached.

A settlement agreement regarding a licensed foster home is negotiated by the DAU analyst in consultation with the DAU supervisor and division director. Prior to offering a settlement agreement, the DAU will consult with the CPA regarding the recommendation.

Refer to Attachments 54 – 56 for examples of settlement agreements.

Any disciplinary actions involving potential circuit court actions requires consultation with the MDHHS Legal Division. Requests for Assistant Attorney General representation is made the MDHHS Legal Division.

Failure to Cease Operation

An on-site inspection may be necessary to determine if services are continuing to be provided after closure. The field consultant will consult with the area manager regarding this issue. (Refer to 4-5. Unlicensed Programs)

If services continue after closure, a special investigation must be opened, and injunctive action may be initiated. (Refer to 6-5. Special Investigations, 8-1.- 8-6. Adverse Action and MCL 722.123 Injunction).

10-4. Overview – CPS – MIC Administrative Hearings

The DAU also represents the Department and the Child Protective Services-Maltreatment in Care - (CPS - MIC) staff in the expunction hearings. Such actions are defined by Act 238 of the Public Acts of 1975, as amended [Child Protection Law (CPL)] and Children’s Protective Services Manual, PSM 711-5. Refer to the following link for the specific PSM citation:

<https://policymanuals.michigan.gov/olm/pages/home.aspx>

Refer to the Management Directive Letter (MDL) 14-001 Expunction and Administrative Hearings Procedure, Revised 07.03.18 (Attachment 51) for information given to CPS – MIC staff.

DCWL is notified by CPS-MIC of requests for expunction hearings and receives the following documents:

Hearing Summary (3050)

CPS Investigation Report

Risk Assessment

Safety Assessment

Police Reports

Green Certification Card

Notification of placement on Central Registry
Photographs/Video (if applicable)
Medical Reports (if applicable)
Mental Health Reports (if applicable)

Refer to Attachment 51 for the Division of Child Welfare Licensing –
Disciplinary Action Unit, Administrative Hearing Transfer Checklist

DAU analysts prepares for the MIC-CPS administrative hearing as identified
in 10-3. Workload Activities, A-E.

10-5. DAU Work Papers

Work papers may consist of licensing reports, Child Protective Services reports, supporting documents, pictures, video footage etc. In addition, DAU files may contain NOIs, subpoenas, proof of service, witness lists, hearing interview questions, settlement agreements, reconsideration documents and final orders. Work papers shall be organized and retained based on the retention schedule. There may be exceptions to this practice on a case by case basis. Ongoing litigation or audits may extend the length of time records must be maintained. Refer to 6-9. Work Papers for the 32304 – Disciplinary Action Case Files retention schedule.

DAU files will be closed upon receipt of a final order, signed settlement agreement etc. The assigned DAU analyst is responsible for ensuring that all documents related to the case are included in the file folder.

The DAU file will be submitted to the division secretary by the DAU supervisor with instructions regarding the type of closure and date the closed action takes effect.

Closing letters signed by the division director are sent to the licensee in situations in which the NOI has “timed-out” or the license was administratively closed. DAU cases may also be closed due to insufficient evidence; these letters are drafted by the DAU analyst and signed by the division director.

Note: A closing letter is not sent in cases in which a final Dispositional Order of MAHS is received.

The DAU supervisor is responsible for making all final BITS entries.
Clerical Processes and Procedures – Closing DAU Files (Attachment 52)

Chapter 11 - DCWL Central Office Complaint Process

11-1. Policy

The Division of Child Welfare Licensing (DCWL) evaluates the child caring organizations for compliance with the administrative and programmatic standards as defined by Act No. 116 Of The Public Acts of 1973, As Amended (Act 116); Child Placing Agency, Child Caring Institution and Court Operated Facility (Child Care Organizations – CCO) administrative rules; the Department of Health and Human Services’ (DHHS) standard contract and all contract amendments; Departmental policy, Michigan statutes; and federal regulations including the Implementation Sustainability and Exit Plan (ISEP).

As such, DCWL is responsible for investigating complaints received on CCO’s. In addition, DCWL is responsible for transferring complaints to child placing agencies (CPA) when they are received on foster parents and unlicensed relatives.

11-2. Complaints

DCWL receives complaints from the following entities but are not limited to:

- Centralized Intake (CI)
- Mandated reporters as defined by Child Protection Law (CPL)
- Parents (e.g. birth, foster, adoptive)
- Relatives
- Children
- Private Citizens (e.g. neighbors)
- DCWL staff (Central Office, Field Consultants, Disciplinary Action Unit, General Office Assistants, etc.)
- Law Enforcement and Courts
- Licensing and Regulatory Affairs (LARA)
- DHHS Central Office Departments (Division of Continuous Quality Improvement (DCQI); Program/Policy offices (Foster Care, Protective Services, Adoption, Juvenile Justice etc.); Child Welfare Services & Support (CWSS); Federal Compliance Division (FCD); etc.
- Legislative Services
- Business Service Centers (BSC)
- Media
- CPA and child caring institution (CCI) staff
- Michigan Protection & Advocacy Service, Inc.
- Anonymous

Complaints are received in DCWL via:

- Phone calls
- Mail – postal, DCWL staff email and fax
- DCWL Complaint Email box (On-line Complaint form, Centralized Intake (CI) email, LARA, etc.)
- Social Media; Linked In
- DCWL Appeals Email box
- Verbal - face to face
- Special Evaluation Record (CWL-259)
- Reports (CWL-3130, Child Protective Services (CPS) Investigations, etc.)
- Hearing testimony
- MDHHS Alert system

Complaints are received by:

- DCWL staff assigned to process complaints (including 259s)
- DCWL Managers
- DCWL Consultants (Central Office and Field)
- DCWL Support Staff
- DCWL Departmental Analysts assigned to process complaints

Nature of Complaints:

- Neglect (e.g. condition of the foster home/CCI; hygiene and or appearance of children; etc.)
- Physical abuse (by foster parents/CCI staff; treatment of children)
- Improper Supervision/Failure to Protect
- Visitation (e.g. allowing or not allowing visits with parents)
- Unauthorized person residing in the home
- Corporal Punishment used as discipline
- Sexual Abuse (includes child on child)
- Domestic violence within a foster home
- Finances (e.g. foster parent, CPA and or CCI)
- Failure to provide medical services (e.g. no physicals/dentals completed by foster parents; not dispensing medication as prescribed; dispensing wrong medications; improper storage; etc.)
- Reported injuries
- Child death
- Restraints/Seclusions
- AWOL of a child/youth
- CPA not meeting licensing timeframes (e.g. relatives and unrelated caregivers)
- Not placing children with relatives

Clearances (e.g. not properly assessing or completing clearances on foster parent/adoption applicants and or CCI staff)
Falsifying records
Significant Events (e.g. loss of power, fire safety inspection disapproval)
Hazardous materials (e.g. weapons storage, water safety equipment, etc.)
Child support and food stamp related information
Any alleged administrative rule, ISEP, DHHS policy and contract noncompliance/violation

Processing Complaints:

The majority of the complaints received by DCWL will be referred by CI due to allegations of abuse and or neglect occurring in a licensed foster home, unlicensed relative home or licensed CCI. CI will send complaint notification to the DCWL Complaint email box: MDHHS-DCWLcomplaints@michigan.gov; Refer to Centralized Intake (CI) Notification Process for Maltreatment in Care (MIC) Complaints and Flow Chart, Revised 04/04/2018.

The following steps are completed by the assigned DCWL Central Office employee:

The complaint email box is checked at a minimum two times per day and all complaints received will be processed.

Complaints received from CI are in the form of an email sent by the CI employee. DCWL will receive two emails regarding an individual complaint. The email will include:

Centralized Intake ID

Documentation that the complaint was assigned for investigation, transferred and referred to licensing and or law enforcement

Allegations

Attachments – Documentation that outlines the allegations/reports

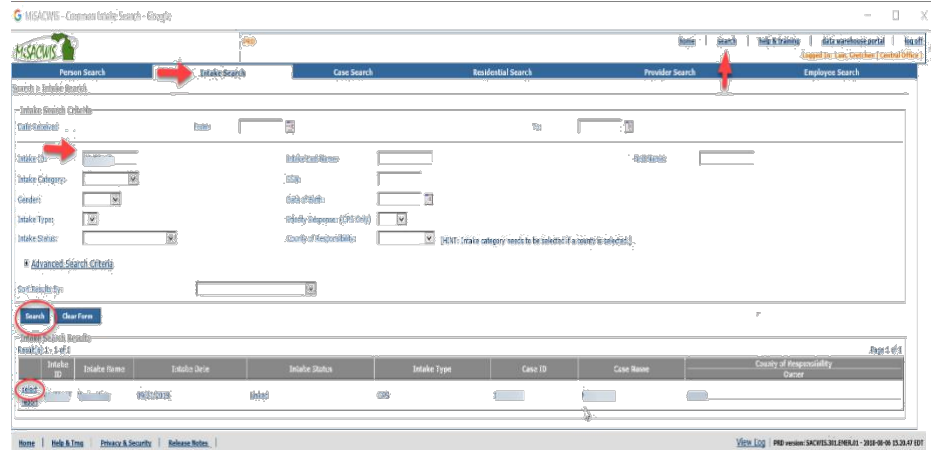
Note: Complaints received from CI may include multiple CI Intake numbers

DCWL will forward complaints to a CPA, a DCWL field consultant assigned to a CCI and or a CPA, and/or LARA. DCWL employee reviews the complaint to determine where the complaint is to be sent.

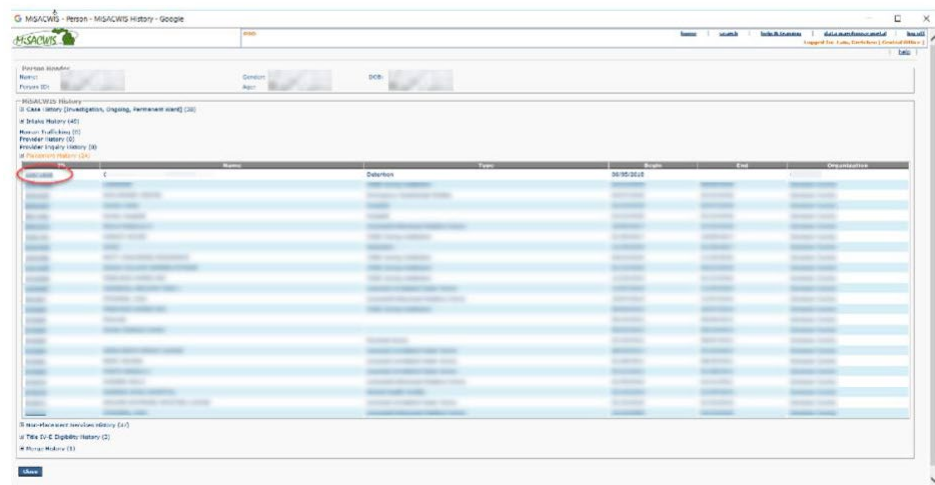
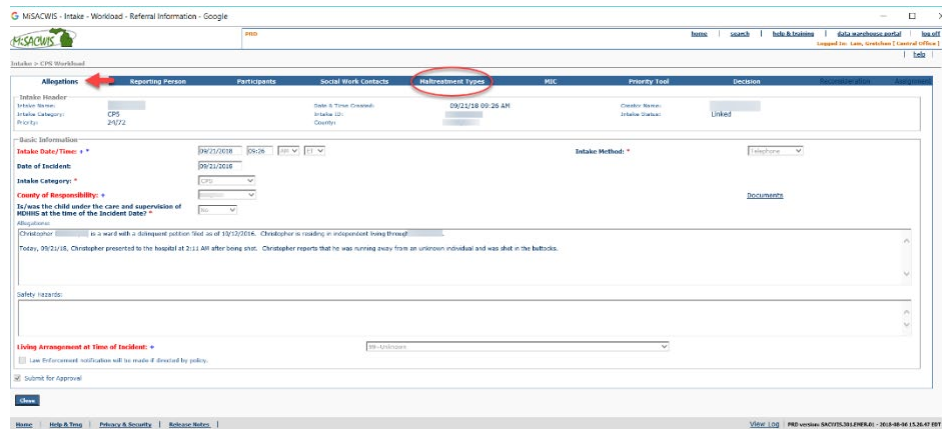
a. Complaints sent to a CPA

Complaints involving a licensed foster parent and unlicensed relative:

Go to MiSACWIS > Search > Intake Search > and enter the Centralized Intake ID #; Search.



Select Intake and review the Allegations tab for the nature of the complaint; you may also click Maltreatment Type tab for information.



Go to Participants tab: Click on the Child Victim > MiSACWIS History > Placement History. Click Provider ID > Provider Name and review information to determine the assigned licensing and foster care workers and supervisors and CPA (Organization).

Participants

Intake Name	Person ID	Name	Bridges Recipient ID	Gender	DOB	Age	State
select		Christopher		Male		17	Illinois (Illinois, US)
select				Female		40	Illinois (Illinois, US)

Participants Relationships

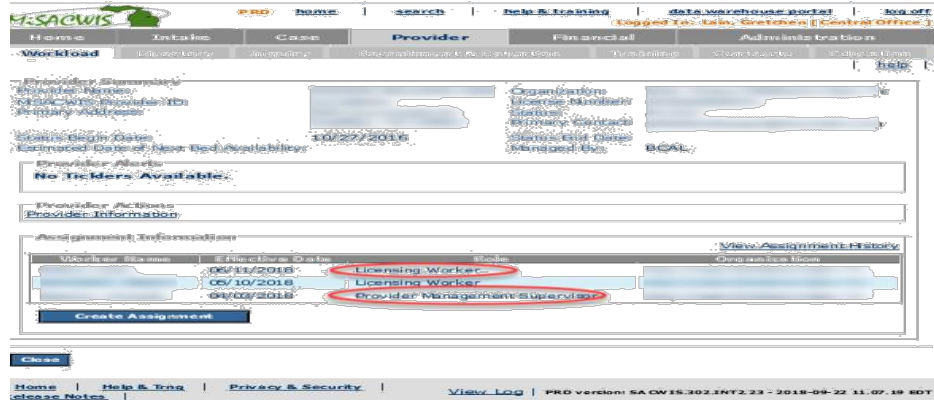
Person	Number of Unspecified Relationships
select Christopher	6
select	6

Placement History

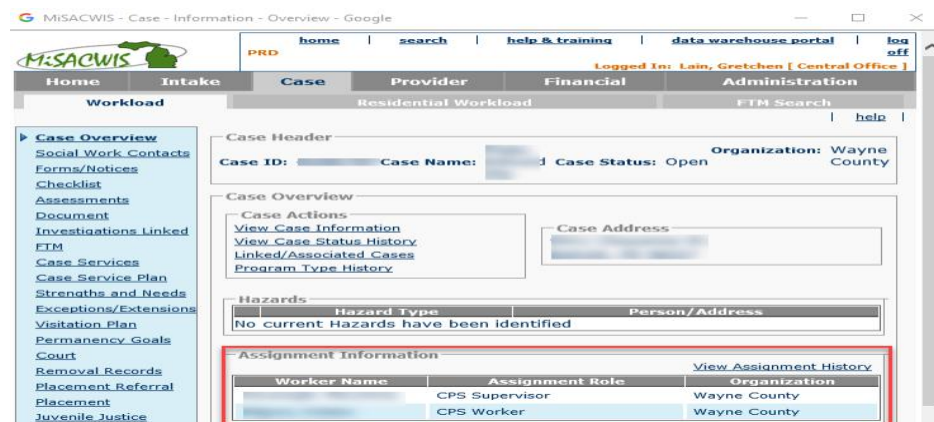
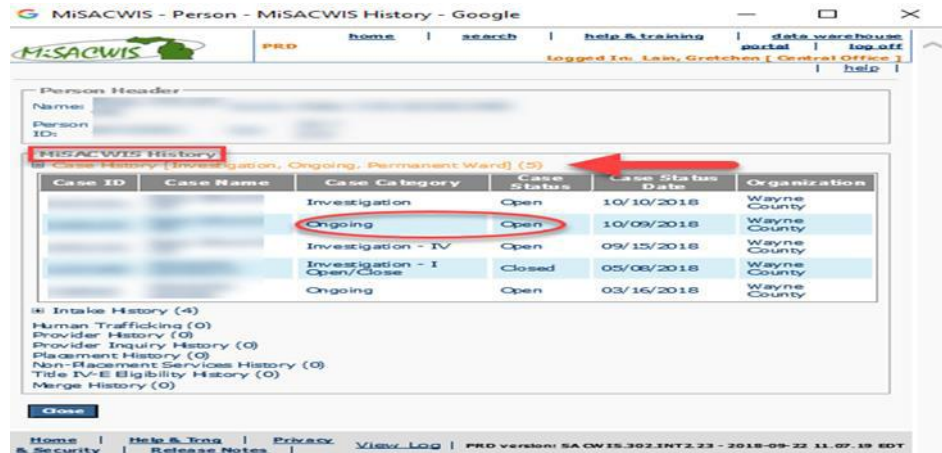
- Case History (Investigation, Ongoing, Permanent Ward) (3)
- Intake History (4)
- Human Trafficking (0)
- Provider History (0)
- Provider Agency History (0)
- Placement History (24)**
- Non-Placement Services History (37)
- Title IV-E Eligibility History (3)
- Waiver History (3)

Placement History

- Case History (Investigation, Ongoing, Permanent Ward) (3)
- Intake History (4)
- Human Trafficking (0)
- Provider History (0)
- Provider Agency History (0)
- Placement History (24)**
- Non-Placement Services History (37)
- Title IV-E Eligibility History (3)
- Waiver History (3)



Options for identifying assigned workers/supervisors and CPA: MiSACWIS History > Case History > double click the Open Ongoing Case > Case ID; assigned worker/supervisor/Organization may be listed.



OR

Go to MiSACWIS > Search > Intake Search > and enter the Centralized Intake ID #; Search. Select Intake > Reporting Person tab; CI may have documented the assigned workers and supervisors.

Reporting Person Information | Reporting Person Additional

Intake Header
 Intake Name: [Redacted] Date & Time Created: [Redacted] Creator Name: [Redacted]
 Intake Category: CPS Intake ID: [Redacted] Intake Status: Open Assigned
 Priority: 24/72 County: [Redacted]

Reporting Person Information
 The Reporting Person was informed of the information s/he is entitled to receive
 The Reporting Person requested the information
 Type of feedback requested by the Reporting Person: Letter
 Reporting Person Category: MDHHS Category Detail: [Redacted] Mandated Reporter
 Reporting Person Role: MDHHS Facility Social Worker Role Detail: [Redacted] Anonymous Reporting Person
 Reporting Person Name: Malleck, Vivian
 Address 1: [Redacted]
 Address 2: [Redacted]
 City: [Redacted]
 State: [Redacted]
 Zip Code: [Redacted]
 Phone 1: [Redacted]
 Phone 2: [Redacted]

Additional Information
 The RS is [Redacted]
 Does any intake participant have Native American Heritage? Not known
 Does the family reside on Reservation/Trust land? Not known
 Active CPS/FC Worker/Case ID: [Redacted]

Comments: [Redacted]

OR

Go to MiSACWIS Search > Intake Search > enter CI ID > Go to Participant tab > Click on foster Parent > Go to Provider History > Click on current foster home.

MiSACWIS - Intake - Workload - Participants - Google

Participants

Intake Header
 Intake Name: [Redacted] Date & Time Created: 10/12/18 02:43 PM Creator Name: [Redacted]
 Intake Category: CPS Intake ID: [Redacted] Intake Status: Linked
 Priority: 12/24 County: Menominee

	Intake Name	Person ID	Name	Bridges Recipient ID	Gender	DOB	Age	Role
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Female	02/04/2016	2	Alleged Victim (AV)
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Female	02/22/1971	47	Other
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Male	[Redacted]	[Redacted]	Alleged Perpetrator (AP)
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Female	09/01/2006	12	Other
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Female	04/06/2003	15	Other

Participants Relationships

	Name	Number of Unspecified Relationships
<input type="radio"/>	[Redacted]	0
<input type="radio"/>	[Redacted]	0
<input type="radio"/>	[Redacted]	0
<input type="radio"/>	[Redacted]	0
<input type="radio"/>	[Redacted]	0

Close

MISACWIS PRD [home](#) | [search](#) | [help & training](#) | [data warehouse portal](#) | [log off](#)
 Logged In: [Lain, Gretchen \[Central Office \]](#) | [help](#)

Person Header
 Name: [Redacted] Gender: **Female** DOB: 02/22/1971
 Person ID: [Redacted] Age: 47 Y 8 M

MISACWIS History
 Case History [Investigation, Ongoing, Permanent Ward] (1)
 Intake History (2)
 Human Trafficking (0)
 Provider History (1)

Provider ID	Provider Name	Provider Type	Provider Status	Provider Status Date	Organization
[Redacted]	[Redacted]	Licensed Foster Home	Active	11/18/2015	Child & Family Services Of The Upper Peninsula

Provider Inquiry History (0)
 Placement History (0)
 Non-Placement Services History (0)
 Title IV-E Eligibility History (0)
 Merge History (0)

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 Logged In: [Lain, Gretchen \[Central Office \]](#) | [help](#)

Home | **Intake** | **Case** | **Provider** | **Financial** | **Administration**

Workload | [Directory](#) | [Inquiry](#) | [Recruitment & Retention](#) | [Training](#) | [Contracts](#) | [Education](#)

Provider Summary
 Provider Name: [Redacted] Organization: [Redacted]
 MISACWIS Provider ID: [Redacted] License Number: [Redacted]
 Primary Address: [Redacted] Status: **Active**
 Status Begin Date: 11/18/2015 Primary Contact: [Redacted]
 Estimated Date of Next Bed Availability: [Redacted] Status End Date: [Redacted]
 Managed By: BCAL

Provider Alerts
 No Tickers Available.

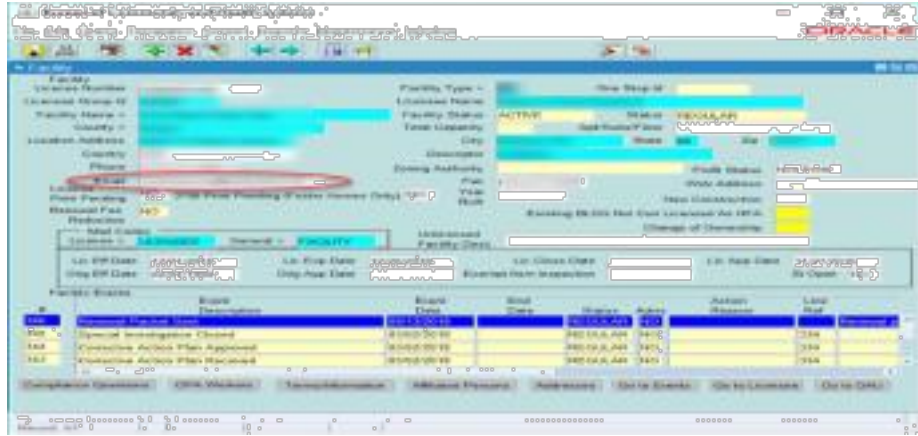
Provider Actions
[Provider Information](#)

Assignment Information [View Assignment History](#)

Worker Name	Effective Date	Role	Organization
[Redacted]	08/21/2018	Non-DHS Roster Verifier	[Redacted]
[Redacted]	01/31/2017	Provider Management Supervisor	[Redacted]
[Redacted]	01/31/2017	Inquiry Decision Maker	[Redacted]
[Redacted]	11/18/2015	Licensing Worker	[Redacted]

[Create Assignment](#)

If needed, search BITS to identify the CPA attached to the foster parent. BITS will also identify the chief administrator and email address associated with the CPA.



Forward the original CI email to the CPA licensing and foster care workers, licensing and foster care supervisors assigned to the child and or foster home/unlicensed relative as identified in MISACWIS. The following language is to be included in the email:

DCWL received the information below regarding a foster child placed in one of your agency's licensed foster homes. Please assess the information carefully and determine if the below information relates to alleged licensing rule noncompliance. If so, please proceed with a special evaluation accordingly.

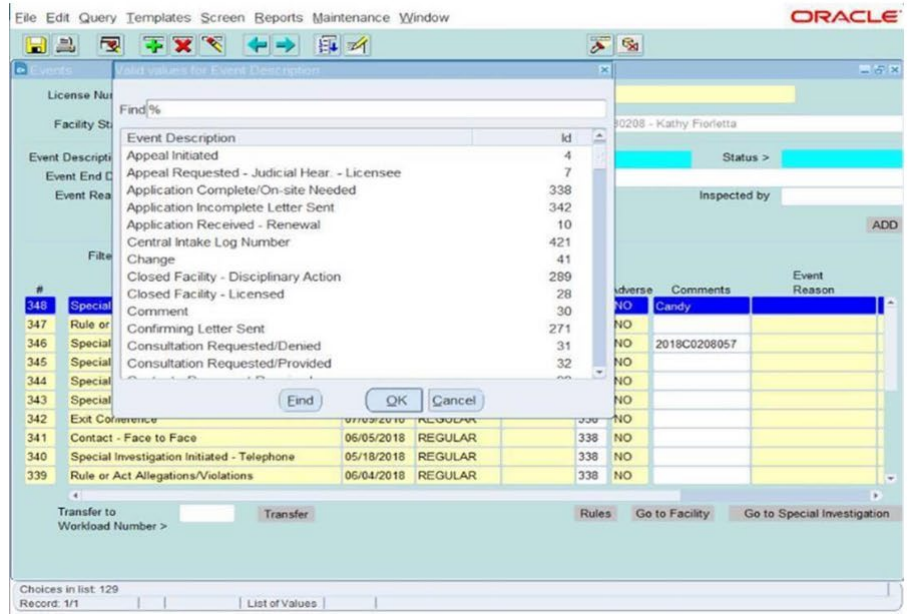
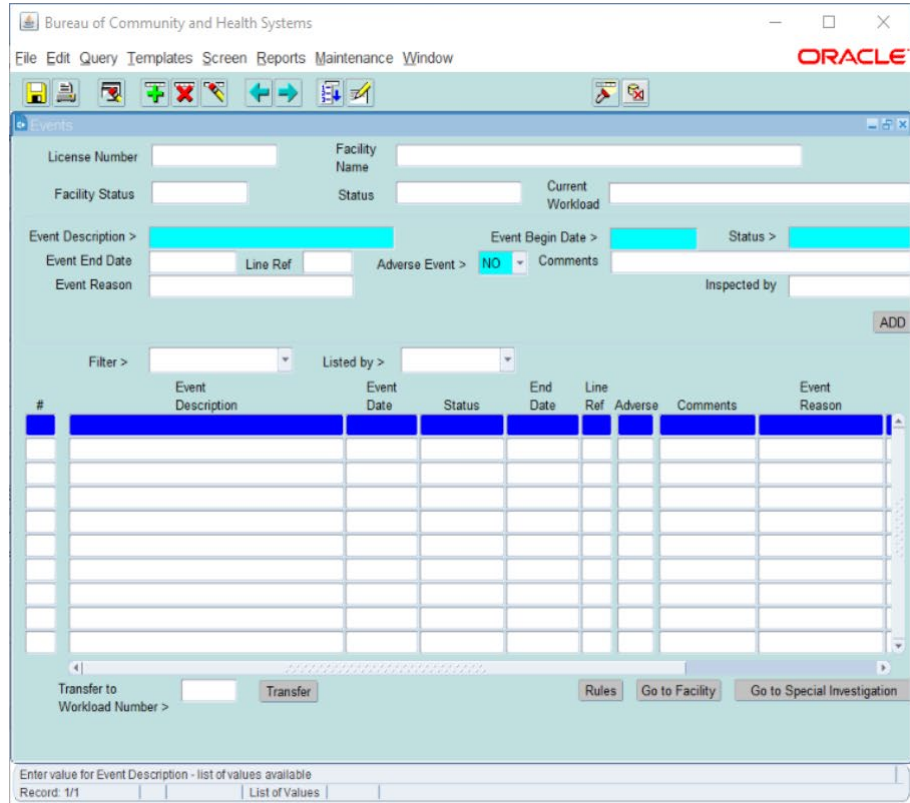
Complaints received on the birth parents should be forwarded to the assigned foster care workers and supervisors for follow-up. ***

DCWL will request a Delivery Confirmation with every complaint forwarded to the CPA, assigned workers and or field consultants/DCWL area managers.

Using BITS:

Enter the Centralized Intake ID number in BITS on the foster parents' Event screen.

Review the Event screen; DCWL employees must notify DAU assigned analyst of any new foster home complaints when DAU is assigned.



Complaints remain in the DCWL Complaint email box for three years.
 Complaints sent to the DCWL Field Consultant

If complaints involve a CCI or CPA, DCWL employee will check for multiple license numbers and verify the child's placement in MiSACWIS using steps identified in 4(a).

DCWL employee will create a BITS Intake #, using the BITS Intake screen. All "blue" areas including the following must be completed:

Intake Type

Intake Date/Time

Use Name? – Type in "No"

Source – "Centralized Intake" or other reporting source.

Nature of Intake – Summarize the type of allegation/information received from CI and or complaint form. Must include the CI Intake ID #

Facility Name/Location Description – Include information specific to the CPA/CCI

Contact Method – Use the drop-down box to select the applicable option

Source Type – Use the drop-down box to select the applicable option

Field Office – Location of the assigned field consultant

The screenshot shows the Oracle BITS Intake screen. The form is titled "Intake" and contains the following fields and values:

- Intake #: 154992
- Intake Type: COMPLAINT
- Intake Date and Time: 05/14/2018 10:38 AM
- Use Name?: NO
- Intake Status: SI Created
- SI #: 2019C0201030

The "Source" section includes:

- Last Name: Centralized Intake
- First Name: [Empty]
- Middle Name: [Empty]
- Supplemental Address: [Empty]
- Street Address: [Empty]
- City: [Empty]
- State: MI
- Zip Code: [Empty]
- Country: US
- Telephone: [Empty]

The "Nature Of Intake" section includes:

- Nature Of Intake: Physical Abuse
- CI Log #5551111
- Facility Name/Location Descr: Macomb County Juvenile Justice Center
- CE500291270
- Program: CWL
- Contact Method: E-MAIL
- Source Type: CASE MANAGEMENT STAFF
- Created By: NELSONSB
- Date Created: 05/14/2018
- Modified By: PABROWN
- Date Modified: 05/30/2018
- Field Office: [Empty]

Buttons for "To initiate a Special Investigation" include "Open a new SI" and "To change the status of this intake" include "Dismiss (no rules alleged)" and "SI already exists".

A table for "Look up a Facility" is shown below the form:

Name	License Number	Street Address	City	County	Organization Name

Buttons at the bottom include "Move License #", "Go to Special Inv.", and "Create Unlicensed Facility".

Forward the original CI email to the assigned DCWL area manager and field consultant. Email subject line must

include BITS Intake #, the CPA/CCI facility names and license number(s).

Complaints in which it cannot be determined that the facility is a licensed program or when a child's placement cannot be determined among several licenses, the original CI email will be sent to the assigned DCWL area manager and field consultant assigned to the organization.

In situations in which multiple CI intakes are received by DCWL that may appear to be duplicates, the DCWL employee will open an Intake and the original CI emails will be sent to the assigned field consultant and area manager for review of any new additional information. If the decision is made to dismiss duplicate intakes, the field consultant must choose a reason to dismiss in BITS; 1.) Dismiss (No rule violations alleged) or 2.) SI already exists (Multiple intakes on the same allegation/complaint or when an SI has just been completed on the same allegations and there is no new information regarding the allegation).

DCWL will request a Delivery Confirmation with every complaint forwarded.

Complaints remain in the DCWL Complaint email box for three years.

Complaints involving schools, child support, etc.

Consult the DCWL Organizational Support Unit (OSU) manager regarding complaints that are received that do not involve a child welfare licensed CCO.

Complaints involving schools not associated with CCIs: May be referred to the individual school and or the Michigan Department of Education.

Complaints involving child support: May require the DAU analyst/OSU manager to obtain additional information from the complainant.

Complainant should be referred to the Friend of the Court and or Child Support office.

Complaints involving cash assistance:

Complaints should be referred to the BSC, Field Operations. Access contact information through the MDHHS Intranet, Field Operations.

Complaints remain in DCWL Complaint Email Box for three years.

Complaints involving Child Daycare, Adult Foster Homes, Hospitals etc.

Forward complaints related to child daycare, adult foster homes and hospitals to LARA.

DCWL will request a Delivery Confirmation with every complaint forwarded.

Complaints remain in DCWL Complaint Email Box for three years.

Complaints involving local office MDHHS staff/private agency CPA staff

Forward complaints to the local office MDHHS director when allegations do not suggest licensing rule, policy, ISEP or contract violations. Complaints involving CPS staff should be referred to the local office director.

Forward complaints to the CPA director

Complaints received from birth parents

Email the complaint to the CPA assigned foster care supervisor and director informing of the complaint and that follow-up is needed by the CPA staff. The above process to identify the assigned foster care worker and CPA must be used to determine where the complaint is to be sent.

The DCWL Complaint Email box may receive a complaint on the DCWL On-Line Complaint form located on the DHHS public website. This form will not contain a CI #. The above process to identify the child and or CPA must be used to determine where the complaint is to be sent.

Phone Complaints

Phone complaints received by a DCWL employee via the DCWL phone complaint line require completion of the DCWL On-line Complaint form.

DCWL employee obtains complaint information, completes the form and forwards to the applicable entity as described above in 4).

Postal Mail/Fax Complaints

Hard copy complaints received by DCWL via postal mail or fax are scanned and attached to an email addressed to the CPA and or the assigned DCWL field consultant.

See process described above in 4).

DAU Complaints

DAU employees may receive complaints regarding a CPA or CCI through the appeal process. DAU employees will refer the complainant to the DCWL On-line Complaint form.

DAU employees may also complete a DCWL On-Line Complaint form.

DAU may identify additional rule violations while drafting a Notice of Intent (NOI). DAU will contact the CPA to initiate a new special evaluation and copy the DAU Manager.

DCWL Program Manager Complaints

Complaints received by the DCWL program manager may be via phone or email involving a foster family, foster family group home or CCI.

DCWL program manager will email the CPA chief administrator and licensing supervisor providing instruction to initiate a special evaluation on the applicable foster family or foster family group home. The program manager will make a comment in BITS on the Event screen regarding the instruction to complete a special evaluation.

DCWL program manager will contact CI if there is suspicion of abuse/neglect. The program manager will make a comment on the Event screen that a referral was made to CI; the CI Intake ID will also be documented.

DCWL program manager will email a complaint involving a CPA or CCI to the assigned area manager and field consultant and document the referral on the Event screen.

DCWL will request a Delivery Confirmation with every complaint forwarded.

Complaints may involve documentation contained within written reports (CWL-3130s or CPS Investigation Reports); patterns and trends in documentation that do not meet administrative rule, MDHHS policy, contract and or ISEP requirements may be identified by central office consultants and or DAU employees.

DCWL staff notify the DCWL program manager of alleged documentation violations.

DCWL program manager will email the assigned field consultant and area manager.

DCWL program manager will email the CPA chief administrator and licensing supervisor regarding the

concern/complaint. Verbal communication with the CPA will be documented in BITS; Events Screen.

DCWL will request a Delivery Confirmation with every complaint forwarded.

DCWL central office staff/program manager will contact CI if there is suspicion of abuse/neglect. DCWL staff will make a comment on the Event screen that a referral was made to CI; the CI Intake ID will also be documented.

Complaints received on Foster Parents – Special Evaluation Record (CWL-259)

Licensing workers are required to initiate a special evaluation (SE) per Licensing Rules for Child Placing Agencies; R400.12327.

The Special Evaluation Record (CWL-259) is completed as a Non-CPS Intake in MiSACWIS. Upon supervisor approval, an email with the provider number is automatically sent to the DCWL Complaint email box: MDHHS-DCWL-259@Michigan.gov. Non-contracted CPAs complete a hard copy CWL-259 and submit to DCWL: MDHHS-DCWL-259@Michigan.gov.

CWL-259s are to be completed within 5 days of receiving a complaint.

Upon receipt of the CWL-259, DCWL Central Office (OSU) documents the CWL-259 in BITS.

OSU reviews information located in MiSACWIS, Supporting Information tab. This information is entered in the BITS, Intake screen. (Information includes foster home name, license number, intake date, alleged rule violations, narrative, identified worker, contact method and source.)

A special investigation (SI) # is assigned by BITS automatically.

SI # is then entered into MiSACWIS on the Provider Management Record, in the Special Evaluation link, on the Special Evaluation Record, Methodology tab.

The CPA completes the special evaluation in MiSACWIS.

The CPA completes a hard copy closing CWL-259; Section III must be completed (close date, any rules identified as non-compliant and recommended regulatory action) for the special evaluation to be closed. The CPA sends the closing CWL-259 to the DCWL Complaint email box; this process is completed outside of MiSACWIS.

DCWL OSU enters information from the closing CWL-259, Section III on the SI screen in BITS. OSU mails the closing CWL-259 to the CPA.

If license revocation is recommended, OSU prints the documents from the email (CWL-259, CWL-3706, special evaluation report and any supporting documentation) and provides to the DAU secretary and manager for DAU assignment.

OSU makes BITS entries; comments include "Revocation to DAU secretary".

If a Provisional license is recommended, BITS entries are made and the closing CWL-259 is entered in BITS. The CPA sends the CWL-3706 to the assigned OSU GOA who then modifies the license.

Open CWL-259s cannot be closed by DCWL without a closing CWL-259.

Monitoring Completion of Special Evaluations

Quarterly, DCWL Central Office will query BITS to identify special evaluations that have not been completed by required timeframes; refer to R400.12327 Special Evaluation.

DCWL Central Office will send a spreadsheet listing pending/overdue special evaluation to the BSCs and Child Welfare Services and Support (CWSS) for distribution to CPAs for resolution. Timeframes for a response to DCWL will be included.

DCWL Central Office will track the Closing CWL-259s received in the 259 email box.

CPAs that do not respond and continue to have outstanding special evaluations will be referred to the field consultant for follow-up and or special investigation.

Complaints initiated and completed by Field Consultants

Refer to the Division of Child Welfare Licensing Policies & Procedure Manual; 6-5. Special Investigations.

Field consultants may initiate special investigations based on information received during on-site reviews or from Central Office.

Field consultants receiving a new complaint directly from CPS-MIC, should open a special investigation in BITS. Consultants will then email the DCWL Complaint email box (MDHHS-

DCWLcomplaints@michigan.gov) and provide the following information:

- Centralized Intake Number
- BITS special investigation number
- CPA/CCI name and license number
- Date information received from MIC

Field consultants may include multiple complaints into one special investigation report.

Field consultants will complete a Code Sheet that lists the identity of individuals involved/interviewed during a special investigation. The Code Sheet includes the CI Intake #, if the intake was assigned to Children's Protective Services – Maltreatment in Care (CPS-MIC), or transferred to another agency (licensing, LARA or law enforcement). Field consultants are to thoroughly complete the code sheet including the date of birth and MiSACWIS ID of children involved in the complaint.

Should field consultants suspect abuse/neglect during the special investigation, consultants will contact CI. The CI # will be recorded on the Code Sheet including information regarding assignment or transfer to another entity for investigation.

CI #s will be entered on the Event screen in BITS by the field consultant, along with the date contact was made with CI and nature of the complaint.

Chapter 12 - ATTACHMENTS

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Attachment 3 Certification Staff Interview Form Attachment 4

Adoption Staff Interview Form Attachment 5 CPA Supervisor

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Interview Form Attachment 10 Residential Therapist Interview Form

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Adoptive Parent Interview Form Attachment 13 DCWL Fire Safety

and QFI Report Processing Attachment 14 Enrollments and Original

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Letter – 30 Day Notice Attachment 16 CCI/CPA Application Closure

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Events) Attachment 18 Electronic Filing Requirements Attachment 19

Interim Inspections (BITS Events)

Attachment 20 CWL-Special Investigations (BITS Events)

Attachment 21 CWL-Special Investigations – Unlicensed (BITS Events)

Attachment 22 Inspection Concern – CWL-4608 (9-17) – Located on the Shared Drive; Policy-Procedures DCWL 2017

Attachment 23 CAP Approval Letter Template

Attachment 24 CAP Denial Letter Template

Attachment 25 Variance Request Template for CPA/CCI/COF Rules Located on the shared Drive; Policy-Procedures DCWL 2017

Attachment 26 Variance Approval/Denial Letter Template

Attachment 27 BITS Summary Sheet

Attachment 28 Field Analyst Letter to CPA Template

Attachment 29 Field Analyst Letter to CPA Template (with Foster Home Analyst Contact Sheet- Attachment 34)

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Attachment 41 Acknowledgement of Appeal Rights (CWL-4617-CPA-CCI)

Attachment 42 Acknowledgement of Appeal Rights (CWL-4617-FH)

Attachment 43 DRAFT Disciplinary Action Unit Denial/Revocation Checklist (CWL-4618)

Attachment 44 DAU Clerical Processes and Procedures-Receiving and Assigning New DAU Case Files

Attachment 45 DAU Clerical Processes and Procedures-Notices of Intent

Attachment 46 DAU Clerical Processes and Procedures-30 Day Appeal Letters

Attachment 47 DAU Clerical Processes and Procedures-Requesting Administrative (MAHS) Hearing

Attachment 48 DAU Clerical Processes and Procedures-DAU Analyst Created Hearing Documents and Miscellaneous Documents

- Attachment 49 DAU Clerical Processes and Procedures-Steps to Process Out a MAHS Subpoena
- Attachment 50 DAU Clerical Processes and Procedures-MAHS Notice of Hearing – Received by DCWL for DAU Actions
- Attachment 51 Management Directive Letter (MDL) 14-001 Expunction and Administrative Hearings Procedure, Revised 07.03.18 and Disciplinary Action Unit – Administrative Hearing Transfer Checklist
- Attachment 52 DAU Clerical Processes and Procedures-Closing DAU Files
- Attachment 53 Foster Care Payment Rate Setting and Monitoring Policy and Procedures; September 2018
- Attachment 54 Settlement Agreement Standard Revocation
- Attachment 55 Settlement Agreement CAP
- Attachment 56 Settlement Agreement Administrative Closure
- Attachment 57 Request for Attorney General Representation

Attachment 1: DCWL Administrator Fingerprints for CCI/CPA/COF

DIVISION OF CHILD WELFARE LICENSING ADMINISTRATOR FINGERPRINTS FOR CCI/CPA/COF

INTERNAL PROCESS

Requirements for Fingerprinting Licensee Designees and Chief Administrators:

Both the licensee designee (LD) and chief administrator (CA) must be fingerprinted for a licensed program.

The LD and CA must be fingerprinted for the CCI/CPA/COF, even if already printed for an AFC or CDC license in the same organization.

If the LD and CA are the same person for a license, they must be fingerprinted for **each role**, requiring two sets of fingerprints.

An LD for several licensed programs belonging to a single organization (ex. Bethany Christian Services, Samaritas) must be fingerprinted one time. The LD does not have to be fingerprinted for each license.

A CA for several licensed programs belonging to a single organization must be fingerprinted for each license.

ex. A single chief administrator for four Bethany licenses must be fingerprinted four times.

In situations where an LD for several licensed programs is also the CA for one or more of those licensed programs, the LD must be fingerprinted one time as the LD for all programs they are listed as LD and one time for each program they are also listed as the CA.

ex. Person A is the LD for six licensed Bethany programs and is the CA for two of these licensed programs. Person A must be fingerprinted a total of three times; once for the LD role and for all six licenses, and once for each of the two programs they are also CA for, which totals three sets of fingerprints.

The requirements for fingerprinting the LD and CA applies to all CCI/CCP/COF programs that are located in the State of Michigan as well as to those programs that are located outside of Michigan that hold a license with the State of Michigan.

For Original Licensure:

Requests for information and questions about original CCI/CPA/COF licensure will be directed to a DCWL area manager.

The DCWL area manager will provide information to applicants about licensing rules and applicable statute including the ACT 116 Publication and Acknowledgement of Receipt form, the licensing process, and the DCWL public website. The DCWL area manager will provide orientation information to applicant(s) in person or via telephone.

The DCWL area manager will give applicant(s) the CCI (BCAL 1074) or CPA (BCAL 3502).application for licensure.

The DCWL area manager will give applicant(s) the COF (BCAL-1074) application for licensure. It is noted that this is the CCI application.

The applicant(s) will complete the appropriate application and send it with payment, as instructed on the form. The application must be signed by both the LD and CA authorizing DCWL to request and obtain fingerprints for their respective role.

DCWL fingerprint analyst will receive the processed application.

DCWL fingerprint analyst will send the RI-030, CWL-1326, and instructions for scheduling the fingerprint appointment to the applicant(s). If the proposed program is located outside the State of Michigan, DCWL fingerprint analyst will provide instructions for obtaining fingerprints through the non-resident hard card process in addition to the RI-030 and CWL-1326.

Applicant(s) will complete the RI-030 and CWL-1326. The RI-030 and CWL-1326 may be dated for the same date, however both must be dated on or before the date of the fingerprints.

The applicant(s) will make an appointment to get fingerprinted. The applicant(s) will take the completed RI-030 and CWL-1326 to their fingerprint appointment, where the Livescan sections will be completed.

The applicant(s) will take the completed RI-030 and CWL-1326 (with Livescan section completed) and send both via email or US mail to DCWL fingerprint analyst.

DCWL fingerprint analyst will receive the completed RI-030 and CWL-1326 and will complete the 1326 Section IV.

DCWL fingerprint tech will complete Section III on the CWL-1326 and will enter this information into BITS.

If the LD or CA have indicated on the CWL-1326, he or she has resided out of state in the last five years an abuse/neglect clearance from the state in which they have resided will be required. The DCWL fingerprint analyst, will provide this information informing the applicant of the additional required clearance with an attached Adam Walsh national registry document providing information on participating states that they can utilize to obtain the clearance.

Once the clearance has been obtained, the LD or CA will be required to scan and send a copy of the official documentation indicating that he or she has not been named as a perpetrator of abuse or neglect in that state to the DCWL fingerprint analyst.

The enrollment will not proceed until this clearance is provided by the LD and/or CA.

DCWL fingerprint analyst will enroll the facility in BITS and will attach the applicant(s) to the facility.

DCWL fingerprint analyst will send an email to the assigned area manager advising that the enrollment has been completed and that the identified LD and CA are eligible based review of the CWL-1326, RI-030, and corresponding documents.

The LD and CA's CWL-1326, RI-030 and fingerprint results will be stored in a secured locked location at the Division of Child Welfare Licensing Central Office location, in compliance with CJIS policy.

IF FINGERPRINT RESULTS ARE RETURNED TO DCWL WITH CRIMINAL HISTORY:

The fingerprint results are returned to the DCWL fingerprint analyst.

The DCWL fingerprint analyst will provide the results to DCWL director with an ART cover sheet.

The DCWL director will review the results and will contact the proposed CA or LD for whom the fingerprint results were obtained.

The proposed CA or LD will complete a written request for approval of suitability for the proposed CA or LD. The written request must be submitted to the DCWL director for review. The written request must include the following information:

- Criminal history, including dates and convictions/results
- Circumstances
- Length of time since the offenses
- Evidence of rehabilitation
- Relationship of the offenses to the proposed role as CA or LD
- Attached supporting documents, including police reports and court records

The DCWL director will review the written request and will approve or deny the request. An approval/denial letter will be mailed to the proposed CA or LD.

After a determination has been made, the DCWL director will return the fingerprint results and the review summary to DCWL fingerprint analyst for processing of the application.

The DCWL fingerprint analyst will make applicable database entries.

IV. For Changes in Licensee Designee or Chief Administrator of Active Licenses:

The CPA/CCI/COF is required to notify the assigned DCWL field consultant of a proposed change in CA. Reference CPA rule 400.12205(3) and CCI rule 400.4117(2).

When the facility notifies the assigned DCWL field consultant of a proposed change in CA or LD the assigned DCWL field consultant will request that the facility provide the documentation necessary to determine whether the proposed chief administrator meets the qualifications for the role of chief administrator. Necessary documentation consists of educational degree, college transcript if necessary, and professional work history.

The assigned DCWL field consultant will review the qualifications of the proposed CA.

Once DCWL field consultant has determined the proposed CA meets the qualifications, the DCWL field consultant will notify DCWL fingerprint analyst via email and will include the following information: name of facility, license number, name of the individual assuming the new role, date the consultant approved the change, the identification of the role being assumed, email address and telephone number for the individual assuming the new role.

If the assigned DCWL field consultant determines that the proposed CA does not meet the qualifications for the role of CA, the DCWL field consultant will discuss with the DCWL area manager, and will inform the facility that the proposed CA does not meet the qualifications for the role of CA.

If the assigned DCWL field consultant and DCWL area manager determine that a variance request may be appropriate, the DCWL field consultant will inform the facility of their option to either request a variance for the proposed CA, or to propose a different CA.

The assigned DCWL field consultant will also review the request for change in LD. This will consist of a review of the proposed person's role as LD relative to other duties or roles that the proposed person may hold within the facility or within other licensed facilities.

If a facility contacts DCWL fingerprint analyst directly regarding a requested change in LD or CA, the DCWL fingerprint analyst will notify the assigned DCWL field consultant that a request has been received to change an LD or CA, either at the time of receipt of renewal application or for any other reason. The assigned DCWL field consultant will then contact the facility to determine if the proposed CA meets the qualifications, as described in steps 2-6 of this section.

When there is a change in LD or CA, all of the following steps must be followed. For changes in the CA only, these steps must be followed after the DCWL field consultant has determined that the proposed CA meets the qualifications:

The DCWL field consultant will notify DCWL fingerprint analyst to send the appropriate CCI/CPA/COF application to the facility for the proposed CA or LD to complete.

DCWL fingerprint analyst will provide the application with instructions that the application for this change only must be sent back to DCWL fingerprint analyst directly, by the facility, and will not include payment. The application in this instance will be used for tracking purposes and making the requested change.

After receipt of the completed application, DCWL fingerprint analyst will send the RI-030 and CWL-1326 to the proposed CA or LD. If the program is located outside the State of Michigan, instructions for obtaining fingerprints will be sent in addition to the RI-030 and CWL-

1326.

The proposed CA or LD will complete the RI-030 and CWL-1326. The RI-030 and CWL-1326 may be dated for the same date, however both must be dated on or before the date of the fingerprints.

The proposed CA or LD will make an appointment to get fingerprinted. The applicant(s) will take the completed RI-030 and CWL-1326 to their fingerprint appointment, where the Livescan sections will be completed.

The applicant(s) must take the completed RI-030 and CWL-1326 (with Livescan section completed) and send both via email or US mail to DCWL fingerprint analyst.

DCWL fingerprint analyst will receive the completed RI-030 and CWL-1326 and will complete the 1326 Section IV.

DCWL fingerprint tech will complete Section III on the CWL-1326, and will enter this information into BITS.

If the LD or CA have indicated on the CWL-1326, he or she has resided out of state in the last five years an abuse/neglect clearance from the state in which they have resided will be required. The DCWL fingerprint analyst, will provide this information informing the applicant of the additional required clearance with an attached Adam Walsh national registry document providing information on participating states that they can utilize to obtain the clearance.

Once the clearance has been obtained, the LD or CA will be required to scan and send a copy of the official documentation indicating that he or she has not been named as a perpetrator of abuse or neglect in that state to the DCWL fingerprint analyst.

The LD or CA will not be attached to the license in the BITS system until the clearance is received by DCWL.

DCWL fingerprint analyst will attach the applicant(s) to the state licensed and/or enrolled facility in BITS.

DCWL fingerprint analyst will send an email to the assigned field consultant advising that the identified CA and/or LD is eligible based on the review of the CWL-1326, RI-030, and corresponding documents and have been attached in this role to the facility in BITS.

The LD and/or CA's, CWL-1326, RI-030, and fingerprint results will be stored in a secured locked location at the Division of Child Welfare Licensing Central Office location, in compliance with CJIS policy.

If the renewal application is received by the DCWL fingerprint tech with an identified change in LD or CA the required renewal entries will be entered into BITS by the DCWL fingerprint tech.

Then the DCWL fingerprint tech will notify via email the assigned DCWL field consultant that a request has been received to change an LD or CA, at the time

of receipt of renewal application. The DCWL fingerprint tech will also notify the DCWL field consultant if there is a discrepancy between what is documented on the renewal application including; terms of the license, services types, and the roles in the BITS database. The assigned DCWL field consultant will then contact the facility to determine if the proposed CA meets the qualifications, as described in steps 2-6 of this section.

If the renewal application received by DCWL fingerprint tech indicating a change in LD or CA has not been signed by the new LD or proposed CA, DCWL fingerprint analyst will provide a new application to the facility for the new LD or proposed CA to sign, with instructions to complete application and return it directly to DCWL fingerprint analyst without payment, for the purpose of tracking and making the requested change, and as the statutory permission to obtain fingerprint information for the new LD or proposed CA.

After receipt of an application signed by the new LD or proposed CA, the DCWL fingerprint analyst will complete the following steps. (For requested changes in CA only, the following steps will not be completed until the assigned DCWL field consultant has notified the DCWL fingerprint analyst that the proposed CA meets the qualifications as CA):

DCWL fingerprint analyst will send the RI-030 and CWL-1326 to the proposed CA or LD. If the program is located outside the State of Michigan, instructions for obtaining fingerprints will be sent in addition to the RI-030 and CWL-1326.

The proposed CA or LD will complete the RI-030 and CWL-1326. The RI-030 and CWL-1326 may be dated for the same date, however both must be dated on or before the date of the fingerprints.

The proposed CA or LD will make an appointment to get fingerprinted. The applicant(s) will take the completed RI-030 and CWL-1326 to their fingerprint appointment, where the Livescan sections will be completed.

The applicant(s) must take the completed RI-030 and CWL-1326 (with Livescan section completed) and send both via email or US mail to DCWL fingerprint analyst.

DCWL fingerprint analyst will receive the completed RI-030 and CWL-1326 and will complete the 1326 Section IV.

DCWL fingerprint tech will complete Section III on the CWL-1326 and enter this information into BITS.

If the LD or CA have indicated on the CWL-1326, he or she has resided out of state in the last five years an abuse/neglect clearance from the state in which they have resided will be required. The DCWL fingerprint analyst, will provide this information informing the applicant of the additional required clearance with an attached Adam Walsh national registry document providing information on participating states that they can utilize to obtain the clearance.

Once the clearance has been obtained, the LD or CA will be required to scan and send a copy of the official documentation indicating that he or she has not been named as a perpetrator of abuse or neglect in that state to the DCWL fingerprint analyst.

The LD or CA will not be attached to the license in the BITS system until the clearance is received by DCWL.

DCWL fingerprint analyst will attach the applicant(s) to the enrolled/or state licensed facility in BITS.

DCWL fingerprint analyst will send an email to the assigned field consultant that the identified LD or CA are eligible based on the review of the CWL-1326, RI-030, and corresponding documents.

The LD and CA's, CWL-1326, RI-030, and fingerprint results will be stored in a secured locked location at the Division of Child Welfare Licensing Central Office location, in compliance with CJIS policy.

DCWL fingerprint analyst will track the completion of the fingerprints and notify the DCWL field consultant when they have been completed and received.

If the change in LD or CA occurs at the time of renewal, the DCWL field consultant will renew the license even if the fingerprints for the new LD or CA are not completely timely.

IF RAPBACK IS RECEIVED IN DCWL:

If at any time either an LD or CA is arrested, DCWL will receive RAPBACK, which will include information related to the arrest and charge(s).

The fingerprint results are returned to the DCWL fingerprint analyst.

The DCWL fingerprint analyst will provide the results to DCWL director.

The DCWL director will review the results and will contact the CA or LD for whom the fingerprint results were obtained.

The CA or LD will complete a written request for approval of suitability for the CA or LD. The written request must be submitted to the DCWL director for review. The written request must include the following information:

Criminal history, including dates and convictions/results.

Circumstances

Length of time since the offenses

Evidence of rehabilitation

Relationship of the offenses to the proposed role as CA or LD.

Attached supporting documents, including police reports and court records.

The DCWL director will review the written request and will approve or deny the request. An approval/denial letter will be mailed to the proposed CA or LD.

After a determination has been made, the DCWL director will return the fingerprint results and the review summary to DCWL fingerprint analyst for storage in the facility file located in the Division of Child Welfare Licensing Central Office location.

The DCWL fingerprint analyst will make applicable database entries.

An email will be sent to the assigned field consultant indicating that information had been received regarding the current LD or CA and has been reviewed and approved/denied by the DCWL director. A statement will be included indicate that the information is confidential and cannot be communicated over email, but it can be reviewed within the BITS database.

VI. Closure of Rapback:

When a chief administrator is removed from the license, the Rapback will be immediately closed. An email will be sent to the Michigan State Police at MSP-CRD-RAPBACK@michigan.gov requesting the closure of the Rapback by the DCWL fingerprint analyst. The closure will be documented on the individual's people screen comment box in BITS. The "fingerprint needed?" box on the people screen will be changed from "No" to "Yes."

Licensee Designee attached Rapback will be closed once the individual is no longer in the role of licensee designee for any licenses under the specific corporation.

VII. MDHHS Local Office Director Hiring Process/Interim Director:

Interim Director

When a MDHHS local office director has retired/left the position, an interim director is appointed by the MDHHS Children's Services Agency Director.

DCWL fingerprint analyst will be notified of the appointed interim director for the specific MDHHS local office via email from HR.

HR will request a prefilled CPA application (BCAL-3502) to be completed and sent for signature.

HR will send the prefilled application to the interim director for signature and cc the DCWL fingerprint analyst.

Once the signed application is returned to HR, HR staff will send specific instructions for fingerprints along with the required RI-030 and CWL-1326.

The proposed interim director will schedule and complete the fingerprint appointment.

DCWL fingerprint analyst will receive the completed RI-030 and CWL-1326 and will complete the 1326 Section IV.

DCWL fingerprint tech will complete Section III on the CWL-1326 and enter this information into BITS.

DCWL fingerprint analyst will attach the interim director to the state

licensed facility in BITS.

DCWL fingerprint analyst will send an email to the assigned field consultant that the identified CA is eligible based on the review of the CWL-1326, RI-030, and corresponding documents.

Hiring Process:

When the search for a new MDHHS local office director (chief administrator) is being pursued, MDHHS Human Resources (HR) requests fingerprints to be captured for up to three proposed candidates.

Each candidate will complete the fingerprint process as listed above.

HR will be notified of each candidates' eligibility.

When the hiring process is completed, HR notifies DCWL fingerprint analyst of the individual that they have chosen for hire.

Once this individual is attached to the license as the new chief administrator, the Rapback for the other candidates will be immediately closed. The closure will be documented on the People Screen in the comment box in BITS.

The "fingerprint needed box?" on the people screen will be changed from "No" to "Yes."

VIII. For Changes in Location/Address in CPA/CCI/COF:

CPA:

The facility must inform the assigned DCWL field consultant of plans to relocate.

The assigned DCWL field consultant must make a determination as to the appropriateness of the proposed new location, based on licensing rules.

The facility must complete an application with the requested change recorded and submit without payment to the DCWL fingerprint analyst.

The DCWL field consultant will notify DCWL fingerprint analyst once determination that the proposed location is approved based on licensing rules.

DCWL fingerprint tech will enter the change into BITS.

DCWL fingerprint tech will send an email notification to Federal Compliance, MiSACWIS Provider Management, and Foster Care Program Office to make them aware of the change in location, license number, and/or name change for the agency.

The DCWL field consultant will complete an addendum to the original LSR in BITS, describing the new location and reason for the move.

CCI/COF (Processed as a NEW License):

The facility must inform the assigned DCWL field consultant of plans to relocate.

The process for relocation of a CCI is similar to that of an original application.

The DCWL field consultant will notify DCWL fingerprint analyst to send the appropriate CCI/CPA/COF application to the CA.

The CA will complete the appropriate application, and send it with payment, as instructed on the form.

DCWL fingerprint analyst will receive the processed application from the cashier's office.

DCWL fingerprint analyst will send the RI-030 and CWL-1326 to the CA/applicant(s). If the proposed program is located outside the State of Michigan, instructions for obtaining fingerprints will be sent in addition to the RI- 030 and CWL-1326.

The CA/applicant(s) will complete the RI-030 and CWL-1326. The RI-030 and CWL-1326 may be dated for the same date, however both must be dated on or before the date of the fingerprints.

The CA/applicant(s) will make an appointment to get fingerprinted. The CA/applicant(s) will take the completed RI-030 and CWL-1326 to their fingerprint appointment, where the Livescan sections will be completed.

The CA/applicant(s) must take the completed RI-030 and CWL-1326 (with Livescan section completed) and send both via email or US mail to DCWL fingerprint analyst.

DCWL fingerprint analyst will receive the completed RI-030 and CWL-1326 and will complete the 1326 Section IV.

DCWL fingerprint tech will complete Section III on the CWL-1326 and enter this information into BITS.

If the LD or CA have indicated on the CWL-1326, he or she has resided out of state in the last five years an abuse/neglect clearance from the state in which they have resided will be required. The DCWL fingerprint analyst, will provide this information informing the applicant of the additional required clearance with an attached Adam Walsh national registry document providing information on participating states that they can utilize to obtain the clearance.

Once the clearance has been obtained, the LD or CA will be required to scan and send a copy of the official documentation indicating that he or she has not been named as a perpetrator of abuse or neglect in that state to the DCWL fingerprint analyst.

The facility will not be enrolled until the abuse/neglect clearance has been received by DCWL.

DCWL fingerprint analyst will enroll the facility in BITS and will attach the applicant(s)

DCWL fingerprint analyst will send an email to the assigned field consultant advising that the enrollment has been completed at the new location and that the identified LD and CA are eligible based on review of the CWL-1326, RI-030 and corresponding documents.

DCWL fingerprint analyst will send an email notification to Federal

Compliance, MiSACWIS Provider Management, and Foster Care Program Office to make them aware of the change in location, license number, and/or name change for the agency.

The LD and CA's, CWL-1326, RI-030 and fingerprint results will be stored in a secure locked location at the Division of Child Welfare Licensing Central Office location, in compliance with CJIS policy.

The facility must obtain A ratings for both fire and environmental inspections.

The assigned DCWL field consultant will complete an inspection of the new location.

The DCWL field consultant will complete an original LSR in BITS, describing the new location, any changes to the program, and reason for the move.

The DCWL field consultant will enter the events into BITS to open the license at the new address and to close the previous license.

Effective February 28, 2017

Revised March 22, 2018

Revised December 4, 2018

Attachment 2: Foster Care Staff Interview Form

FOSTER CARE/INDEPENDENT LIVING WORKER INTERVIEW FORM

Michigan Department of Health & Human Services

Division of Child Welfare Licensing

Date:

Agency:

Staff Name:

Current Position:

DCWL Licensing Consultant:

How long have you been employed with the agency and in what capacity?

Training:

Describe your training experience here at the agency [prior to case assignment (outside of CWTI) and ongoing].

Is it beneficial?

How are you notified of policy changes and updates?

How often do you have supervision with your assigned supervisor?

What supports are in place to assist you in handling crisis situations?

Do you feel supported by your supervisor?

How is the youth involved in their permanency/treatment planning?

How often do you visit with youth on your caseload?

How often do you visit with foster parents?

Where do you visit with them?

How often do you visit with birth parents?

Where do you visit with them?

What efforts do you make to identify relatives for possible placement?

What efforts do you make to engage birth parents in case/treatment planning?

How often do you visit youth in residential treatment programs?

What do you do when you encounter barriers in cooperation/engagement with:

Foster families

Birth families

Relatives

Service providers

What efforts do you make to engage relatives in case/treatment planning?

What do you do when you encounter the following barriers in:

Meeting medical/dental needs of youth

Meeting mental health needs of youth

Identifying available placements

What supportive services do you provide to the foster families and relative caregivers?

What do you do when you observe concerns regarding home maintenance and safety when visiting a foster home or relative caregiver?

What do you do to ensure that youth's needs are met for the following:

Clothing

Receipt of allowance

Participation in religious services of their choice

Special education services, if needed

Recreational opportunities

What is the agency policy on 24 hour availability of staff?

Do you have any suggestions for how the program could be improved?

What are the strengths in the foster care program?

Do you have any questions for me?

FOR INDEPENDENT LIVING (IL) CASE WORKERS ONLY

How is IL determined to be the most appropriate placement for a youth?

Have you personally observed the living situation for each youth on your caseload and how do you assess that living situation?

If applicable, what are the different living arrangements offered by your program?

How often do you review the IL contract with youth on your caseload?

What services and/or resources are available to IL youth on your caseload (i.e. MYOI, YIT, ETV, TIP, YAVFC, etc.)?

What information is a youth provided when they are discharged from IL?

Comments:

Attachment 3: Certification Staff Interview Form

CERTIFICATION WORKER INTERVIEW FORM
Michigan Department of Health & Human Services
Division of Child Welfare Licensing

Date:

Agency:

Staff Name:

Current Position:

How long have you been employed with the agency and in what capacity?

Describe your training experience:

At the agency. Was it beneficial?

Did you attend certification & complaint training?

What are the overall responsibilities of your position?

How are you notified of policy changes and updates?

What do you do to determine rule compliance during annual inspection?

What resources do you use to obtain direction or information (i.e. rule books, TA manual, ACT 119, training power point, etc.)?

What supports are in place to assist you in handling crisis situations?

Do you feel supported by your supervisor?

How often do you visit with foster home applicant during the licensing process?

What efforts do you make to engage relatives in the licensing process?

Are there specific activities that your agency has done to be successful in engaging relatives.

How often do you meet with the assigned foster care worker?

What is your agency's recruitment and retention plan?

What activities do you participate in in the county annual recruitment and retention plan?

What do you do when you encounter barriers with cooperation/engagement by

Foster families

Relatives

Service providers

What do you do when you encounter barriers with identifying a placement in the youth's best interest (i.e. CPN)?

Are you invited to FTM's?

What do you do when you observe concerns regarding home maintenance and safety when visiting a foster home or relative caregiver?

How do you make relatives/foster parents aware of FIG funds and ineligible grantee funds?

What is the agency's policy on 24 hour availability of staff?

What is the criteria for initiating a special evaluation?

Do you always go to the foster home?

If Centralizes Intake rejects a complaint, are you expected to initiate a special evaluation?

What do you do when you determine rule non-compliance?

How do you develop correction action plan?

How do you monitor compliance of the corrective action plan?

Is MiSACWIS helpful in tracking and monitoring CAPs? Why or why not?

Please describe the communication within your agency.

Do you have any suggestions for how the program could be improved?

What are the strengths in this program?

Do you have any questions for me?

Comments:

Attachment 4: Adoption Staff Interview Form

ADOPTION STAFF INTERVIEW FORM Michigan Department of Health & Human Services
Division of Child Welfare Licensing

Date:

Agency:

Staff Name:

Current Position:

DCWL Licensing Consultant:

How long have you been employed with the agency and in what capacity?

Training:

Describe your training experience here at the agency [prior to case assignment (outside of CWTI) and ongoing].

Is it beneficial?

How are you notified of policy changes and updates?

How often do you have supervision with your assigned supervisor?

What supports are in place to assist you in handling crisis situations?

Do you feel supported by your supervisor?

What is your caseload size? (Cases are counted by child?)

Are you mandated to complete a certain number of adoptions within a year?

What happens if you do not meet that goal?

How is the youth involved in their adoption planning?

How many times do you visit with a child prior to completing their assessment?

After completion of the child assessment, how often do you visit with unmatched children?

How many home visits do you complete before completing a family assessment?

What is the agency's policy regarding visits during supervision of a case (between placement and finalization)?

What training is provided to prospective adoptive parents? a.

Is the training requirement different for relatives?

What efforts do you make to contact biological parents and/or relatives to obtain historical information for the child assessment?

What post adoption services are available to families and how do you inform families of them?

Do you have any suggestions for how the program could be improved?

What are the strengths of the program?

Do you have any questions for me?

Comments:

Attachment 5: CPA Supervisor Interview Form

CPA SUPERVISOR INTERVIEW FORM
Michigan Department of Health & Human Services
Division of Child Welfare Licensing

Date:

Agency:

Supervisor Name:

DCWL Licensing Consultant:

How long have you been employed with the agency and in what capacities?

What type of training is provided to staff?

Supervisors?

Are there any training needs not being met?

What resources do you use related to supervision (MMR, BOB, info view, etc.)?

What are the overall responsibilities of your position?

How many people do you supervise?

What are their positions?

Do you maintain a caseload (temporarily or ongoing)?

How many cases are assigned to each worker?

How are caseloads assigned?

How often do you meet with staff that you are responsible to supervise?

In what capacity? (Individual and regular staff meetings)

What are some of the major challenges faced by you and your staff?

How are supervisors notified of policy changes and updates?

Explain the type of support you receive from your organization?

To whom are you responsible to report to in the case of unusual or critical incidents regarding a youth?

How are youth and families involved in their treatment planning?

Do you use sub-contractors?

If yes, what are their responsibilities?

What type of training do they receive (OWDT, certification and complaint)?

What type of supervision do they receive?

Do you participate in monthly conference calls?

With DHHS Central office?

Licensing?

CWSS?

Adoption?

Please describe the communication within your agency.

What are the strengths in this program?

Do you have any suggestions for how the program could be improved?

Do you have any questions for me?

Comments:

Attachment 6: Administrator Interview Form

ADMINISTRATOR INTERVIEW FORM Michigan
Department of Health & Human Services Division of Child
Welfare Licensing

Date:

Therapist Name:

Facility Name:

DCWL Licensing Consultant:

Entrance Interview:

During the entrance interview, discuss the purpose, scope and schedule for the inspection.

Chief administrator explains the annual assessment and provides written report.

Monitoring process: reviewing onsite/offsite, staff interviews, etc.

Staffing changes, vacancies, promotions.

A review of documentation provided, as outlined in the inspection letter.

Review foster home analyst findings with administrator. Provide expectation for when they will be resolved (no later than exit conference).

Schedule exit conference to discuss preliminary findings.

Exit Conference:

Verify field analyst findings have been resolved, including collecting documentation that verifies resolution.

Summarize preliminary findings.

Summarize staff interviews.

CCO may provide any documentation to support compliance by the time of the exit conference (or later only as approved by the consultant for extenuating circumstances).

Summarize preliminary recommendations and timeframes for report.

Attachment 7: Residential Youth Interview Form

RESIDENTIAL YOUTH INTERVIEW FORM Michigan Department of Health & Human
Services Division of Child Welfare Licensing

Date:

Facility:

Youth Name:

Date of Birth:

County Youth from:

DCWL Licensing Consultant:

Do you understand the reason for your placement in this residential facility? (Some explanation i.e.: AWOL, also ask about previous placements)

What activities are you involved in daily?

What school program are you involved in?

Do you receive counseling (therapy)?

What type? (Individual and/or group; in house or community)

How often?

Do you feel counseling is helpful to you?

What is the counselor's name?

If you receive family therapy, do you find it helpful?

Do you receive any information/instruction regarding independent living?

Tell me about it. (Age 14 or older)

What do you like most about this facility?

What do you like least about this facility?

Have you been involved in the case planning?

Have you reviewed and signed any written plans?

What is the plan for you at discharge/after you leave this facility?

Do you have visits?

Where?

How often?

With whom?

Do you have any brothers or sisters?

Where do they live?

Do you get to see them?

When placed here, how were the rules explained to you?

What happens when a youth breaks a rule?

What are the consequences?

Do you think they are fair?

What happens when a resident loses control? (This question is intended to illicit information regarding the use of restraints).

Have you ever filed a grievance? (Grievance process)

What happened?

Do you feel satisfied that your concern was attended to?

Do you feel safe here?

If yes, what makes you feel safe?

If no, why not?

If you didn't feel safe, who would you talk to and is that person available to you?

How many staff are on duty:

Morning shift?

Afternoon shift?

Midnight shift?

Clothing:

Do you have enough clothes?

Do they fit?

Do they get washed regularly?

Do you have enough shampoo, soap, deodorant, toothpaste, etc.?

If not, how do you obtain these items?

Do you get an allowance?

How much per week?

What is the process (i.e. do you sign when you receive your money?)

Are you allowed to keep money in your possession? How much?

Is your allowance ever taken away and why?

Are you able to practice your religious beliefs?

Please explain.

Do you like the food?

If you don't want the entrée, are any alternatives offered (salad bar, PB&J, fruit)?

What is your favorite food?

What is your least favorite food?

Are the portions enough for you?

Do you get snacks?

What do you get?

Is the menu posted?

Are you taking any medication?

Can you name them and what they are for?

How often do you meet with the psychiatrist (what is his/her name)?

Describe how you are given the medication (medication dispensation process).

Has the facility ever run out of your medication?

If yes, then which medication, when, how often and when did this happen last?

Do you think they are helpful?

Have you needed to see the doctor since you have been here?

What happens when you get sick?

If you could change anything at this facility, what would it be?

When did you last see your foster care/adoption worker?

What is their name?

Are you able to have contact with them when you need to?

Have you been able to talk with your attorney on the phone when you have needed to?

What do you think the facility does well?

How do you think the facility can improve the program?

Do you have any questions for me?

Comments:

Attachment 8: Direct Care Staff Interview Form

RESIDENTIAL DIRECT CARE STAFF INTERVIEW FORM
Michigan Department of Health & Human Services
Division of Child Welfare Licensing

Date:

Facility:

Staff Name:

Current Position:

DCWL Licensing Consultant:

How long have you been employed with the facility and in what capacity?

Describe your training experience here at the facility prior to working with residents and how many training hours did you complete within that time frame?

How many hours of training do you complete annually?

Was the training beneficial?

Are there training topics that you feel are needed that are not currently provided?

What are the overall responsibilities of your position?

How are you notified of policy changes and updates?

What is the staff to resident ratio?

Do you feel safe here?

What are your responsibilities regarding reporting any abuse and/or neglect, or critical incidents of youth and other staff?

What supports are in place to assist you in handling crisis situations?

Do you receive support from your supervisor? Please describe.

How are the youth's medical/dental needs met?

How are the youth's mental health needs met?

Who is responsible for medication dispensation? Explain the process.

How is medication stored?

How are visitations arranged between the youth and their family?

Where do they meet?

Is transportation assistance offered to families?

How are youth's clothing needs met?

Are you included in treatment/team meetings?

How are youth involved in their treatment planning?

Is tutoring to youth offered? How often? By whom?

What is the youth grievance procedure, who investigates the complaint?

What is the program's discipline policy? (The intent of this question is to determine how familiar staff are with the point, level or whatever system is in place.)

Under what circumstances is physical management used?

What is your facility's procedures in documenting the incident and who do you notify during or after a physical management?

How is de-escalation used in your program?

Have you had physical management training?

When and how many hours?

Do you receive refresher training?

How often and how many hours?

Does this facility use a seclusion room?

If yes, what is the policy regarding its use?

What is documented about the incident and how frequently is written documentation done during the incident?

Are mechanical restraints used? If so, what is the policy regarding use?

Do the youth get an allowance?

How is allowance distributed and documented?

Can allowance be taken away and why would this be done?

Are arrangements made for youth to participate in religious services of their choice? Please explain.

What is the procedure of the facility when a youth does not wish to participate? (Participation in religious services/instruction must be strictly voluntary and not part of any programming).

Describe the daily recreation schedule for youth. How often does it occur and who schedules it, including community outings?

Is there a communication board to inform youth of activities planned, for instance for the week?

Does the facility conduct personal or room searches for contraband? Explain.

What are the policies and procedures for youth who go AWOLP and when/if they return?

What do you do when a resident expresses suicidal thoughts or behaviors?

Do you have any suggestions for how the program could be improved?

What are the strengths in this program?

Do you have any questions for me?

Comments:

Attachment 9: Social Services Worker Interview Form

RESIDENTIAL SOCIAL SERVICE WORKER INTERVIEW FORM

Michigan Department of Health & Human Services

Date: Division of Child Welfare Licensing
Facility:

Staff Name: Current Position:

DCWL Licensing Consultant:

How long have you been employed with the facility and in what capacity?

Describe your training experience here at the facility.

What are the overall responsibilities of your position?

Do you feel safe here?

How are staff notified of policy changes and updates?

What supports are in place to assist you in handling crisis situations?

How are the youth's medical/dental needs met?

How are the youth's mental health needs met?

What is the procedure for obtaining psychotropic consent?

How are visitations arranged between the youth and their family?

Where do they meet?

Is transportation assistance offered to families?

How are the youth's clothing needs met?

How is the youth involved in their treatment planning?

Does the youth have an opportunity to review (and sign if 14 years or older) their treatment plans?

How are the educational needs of the youth met?

Does the youth receive tutoring?

If so, by what resource?

What is the youth grievance procedure?

What is the program's discipline policy?

Is restraint used/what kind/under what circumstances?

Have you had restraint training? How often?

Does this facility use a behavior management room or mechanical restraints? If so, what is the policy regarding use?

Do the youth get an allowance?

How is allowance distributed and documented?

Can allowance be taken away and why would this be done?

Are arrangements made for youth to participate in religious services of their choice? Please explain.

What happens if a youth does not wish to participate in offered religious activities?

How is daily recreation scheduled for youth?

What is the facility's home visit policy for foster youth?

What is the facility's visitation policy?

What is the facility's policy on 24 hour availability of staff?

What is the policy for youth who go AWOL? Who does what?

Do you have any suggestions for how the program could be improved?

What are the strengths of the program?

Do you have any questions for me?

Comments:

Attachment 10: Residential Therapist Interview Form

RESIDENTIAL THERAPIST INTERVIEW FORM Michigan
Department of Health & Human Services Division of Child
Welfare Licensing

Date:

Therapist Name:

Facility Name:

DCWL Licensing Consultant:

How long have you been employed with the agency and in what capacity?

Describe your training experience at the agency (including pre-service training hours).

How many hours of training do you complete annually?

Was the training beneficial?

Are there training topics that you feel are needed that are not currently provided?

How and from whom do you receive supervision?

What is your average caseload size?

Do you feel that your current caseload is manageable?

What are reporting requirements? (Case plans, court reports, progress reports, etc.)

How do you determine the therapy needs for each youth?

How often do you meet with each youth assigned to you for services?

Does the youth receive individual and/or group therapy?

How often are each conducted?

What treatment modality do you use?

Are trauma informed interventions incorporated in treatment?

Do you conduct family therapy?

If so, how often?

Who is included?

How often do you meet with the assigned caseworker (foster care, adoption, juvenile justice) to discuss the plan for a timely discharge of the youth?

How are you notified of policy changes and updates?

Do you feel safe here?

What are your responsibilities regarding reporting any abuse and/or neglect, or critical incidents of youth and other staff?

Do you attend case conferences, school meetings and/or family team meetings about your assigned youth, including the program's team meetings?

Do you have any suggestions for how the program could be improved?

What are the strengths in this program?

Do you have any questions for me?

Comments:

Attachment 11: Residential Supervisor Interview Form

RESIDENTIAL SUPERVISOR INTERVIEW FORM Michigan Department of Health & Human
Services Division of Child Welfare Licensing

Date:

Facility:

Supervisor Name:

Current Position:

DCWL Licensing Consultant:

How long have you been employed with the facility and in what capacity?

What type of training is provided to staff?

To supervisors?

How many hours of training do you complete annually?

Was the training beneficial?

Are there training topics that you feel are needed that are not
currently provided?

What are the overall responsibilities of your position?

How many staff do you supervise?

How are you notified of policy changes and updates?

What is your work schedule?

Days, hours and weekends?

What is the youth to direct care worker ratio (day and night)?

Are you included in the ratio?

Who is responsible for report writing and case management?

Who does that person report to?

What is the case manager's caseload?

What are some of the major challenges faced by supervisors and direct care staff?

How often do you meet with your direct care staff you supervise?

Do you feel safe?

What is the program's discipline policy? (The intent of this question is to determine how familiar staff are with the point, level or whatever system is in place.)

Under what circumstances is physical management used?

What is your facility's procedures in documenting the incident and who do you notify during or after a physical management?

How is de-escalation used in your program?

What is the youth grievance procedure?

Who investigates the complaint?

Is the youth interviewed by an investigator and informed of the final decision?

How are youth, parents and referral sources informed of the grievance procedure?

What are your responsibilities regarding reporting any abuse and/or neglect, or critical incidents of youth and other staff?

Explain the facility's home visit policy for youth.

What do you do when a resident expresses suicidal thoughts or behaviors?

How often are all the team members required to meet in regularly scheduled meetings?

How is coverage assured when a direct care worker calls in sick or is otherwise unavailable for their shift?

Who is responsible for medication dispensation and how is it stored.

Is tutoring offered? If so, by whom and how often?

How are the mental health needs met?

Is family therapy offered?

How often is individual and group counseling conducted, if available?

Do you have any suggestions of how the program could be improved?

What are the strengths in this program?

Do you have any questions for me?

Comments:

Attachment 12: Adoptive Parent Interview Form

ADOPTIVE PARENT INTERVIEW FORM
Michigan Department of Health & Human Services
Division of Child Welfare Licensing

Date:

Agency:

Adoptive Parent Name:

DCWL Licensing Consultant:

Who is/was your adoption worker?

How long have you been working with this agency?

Have you adopted through any other agency in the past?

Where are you at in the adoption process?

If finished, how long did the process take?

If your adoption is in supervision, did the worker explain why supervision was required?

Do you feel there were any obstacles that delayed the process?

What are the training requirements you must fulfill for the agency? (PRIDE training, etc.?)

Did you receive adoption orientation? Did you receive a copy of the agency's program statement?

What is the process of having a child placed in your home for adoption? (only applicable to recruited families)

What written information did you receive regarding your adoptive child's history prior to placement? (i.e. copy of child assessment, medical information, behavioral issues, information on siblings, etc.)

Were you informed of the Adoption Subsidy Program (DHHS adoptions only)?

Did you receive written information regarding the Adoption Subsidy Program?

How many times/how often did your adoption worker visit your home prior to completing your home study?

Have you reviewed your home study?

Did you receive a copy of the study upon its completion?

How often does the adoption worker visit with the child in your home?

Do they meet with the child privately?

Are you able to contact your worker or a support person within the agency whenever you feel the need to?

Do you receive a timely response to your phone calls and questions?

If your adoption has finalized, did you receive information about post adoption support services?

Were you provided the agency's program statement, including an explanation of fees and charges for expenses and services, both inside and outside of the agency; including those that are refundable and non-refundable?

Do you have any suggestions for how the program could be improved?

Comments:

Attachment 13: DCWL Fire Safety and QFI Report Processing

Division of Child Welfare Licensing
Fire Safety and QFI Report Processing

INTERNAL PROCESS:

The Division of Child Welfare Licensing (DCWL) will process and retain inspection reports completed by Licensing and Regulatory Affairs (LARA) Fire Safety staff and contracted Qualified Fire Inspectors (QFI) for the purposes of original and ongoing licensure in child caring institutions. These inspection reports will also be completed for events including renovations, additions, and remodeling of child caring institutions (CCI) and juvenile court operated facilities (COF).

LARA Fire Safety staff and contracted Qualified Fire Inspectors (QFI) will complete reports and submit them to the DCWL secretary.

LARA Fire Safety Reports:

The following reports are completed by LARA Fire Safety staff:

Inspection Reports: These reports are completed for new and newly constructed institutions; and for additions, remodeling, and renovations.

These reports will include a decision of either:

Approval

Disapproval

A final Inspection Report with a decision of “Approval” must be received prior to licensure.

Plan Review Reports: These reports are completed for new and newly constructed institutions; and for additions, remodeling, and renovations.

These reports may be completed for several reasons, including but not limited to general construction, sprinkler systems, fire alarm system, and hood suppression systems.

These reports will include a decision of one of the following:

Approved

Approved – Contingent upon compliance with following

Not Approved - For the reasons listed

Qualified Fire Inspector Reports:

Fire Safety Compliance Records are completed by QFI staff and are used for renewal of all CCI and COF licenses.

For all CCI licenses these reports are completed with a graded rating of A, B, or C. The ratings mean the following:

A Rating: The facility has been determined to be in substantial compliance.

B Rating: Deficiencies have been found and temporary approval has been given until a specified date.

C Rating: The facility has been determined to be in substantial non-compliance. Approval is not recommended.

For all COF licenses these reports are completed with a graded rating of A, C, or D. The ratings mean the following:

A Rating: The facility has been determined to be in substantial compliance.

C Rating: Deficiencies have been found and temporary approval has been given until a specified date.

D Rating: The facility has been determined to be in substantial non-compliance. Approval is not recommended.

The following types of inspection reports are completed by QFIs:

CWL-2424: Fire Safety Compliance Record for Large, Small, Secure Child Caring Institutions.

CWL-2421: Fire Safety Compliance Record for Residential Group Homes (CCI)

Fire Safety Compliance Record for Large, Small, Secure, Juvenile Court Operated Facilities (COF): Small, large, secure Court Operated Facilities

(COF). These inspection reports are sometimes completed annually, for additional accreditations.

Fire Safety Compliance Record for Juvenile Court Operated Group Homes (COF): Capacity of 1-6. These inspection reports are sometimes completed annually, for additional accreditations.

DCWL Processing of LARA Fire Safety and QFI reports:

The DCWL area manager will notify the DCWL secretary via email when an enrolled application is received for a CCI. The following information will be provided:

The name of the CCI

The enrolled license number

The name of the assigned DCWL field consultant

The DCWL secretary will send this information to the LARA Fire Safety email address (BCHS-CCCCampFireInsp@michigan.gov).

The DCWL secretary will receive completed inspection reports from both LARA Fire Safety staff and contracted QFIs via email. The inspection reports must include the CCI name and license or enrolled license number.

The DCWL secretary will check the reports to ensure that the facility name and license/enrollment number are recorded on the report.

If the facility name or license/enrollment number is not recorded on the report, the DCWL secretary will email the report back to the LARA Fire Safety staff or QFI with the instruction that the facility name and license/enrollment number must be included and returned. The DCWL secretary will copy the DCWL program manager on the email.

The DCWL secretary will enter the following events into BITS on the facility's Events screen for LARA Fire Safety reports:

“Plan Review Received” – For Inspection Reports and Plan Review Reports that indicate deficiencies that must be corrected, the DCWL secretary will note on the comment line for this event, “Deficiencies listed.” The DCWL secretary will line reference the enrollment event if the report received is for an unlicensed facility.

“Plan Review Received” – For Inspection Reports and Plan Review Reports that indicate final approval or disapproval has been given, the DCWL secretary will note on the comment line for this event, “Final Approval given” or “Disapproved.” The DCWL secretary will line reference the enrollment event if the report received is for an unlicensed facility.

The DCWL secretary will enter the following events into BITS on the facility’s Events screen for QFI reports:

“Inspection Completed – Fire Safety: A Rating.” This event will be entered for QFI reports that contain an A rating only. The DCWL secretary will line reference, “Renewal packet sent.”

“Comment” – This event will be entered for all QFI reports that do not contain an A rating. The DCWL secretary will note the following on the comment line: “ ___ (B, C, D) Rating received. Report forwarded to DCWL field consultant, manager, director and LARA Fire Safety Staff for action.” The DCWL secretary will line reference, “Renewal packet sent.”

The DCWL secretary will send Inspection Reports and Plan Review Reports to the assigned DCWL field consultant, via email. The name of the assigned field consultant is found on the facility’s Events screen.

The DCWL secretary will send QFI reports with an A rating to the assigned DCWL field consultant, via email. The name of the assigned field consultant is found on the facility’s Events screen.

The DCWL secretary will send QFI reports with a B, C, or D rating to the assigned DCWL field consultant, area manager, director, and LARA Fire Safety Staff via email. The name of the assigned field consultant is found on the facility’s Events screen. The name of the area manager is found on the DCWL staff list. The report will be sent to LARA Fire Safety staff at the identified email address.

The DCWL field consultant will enter the following events into BITS for QFI reports with a B, C, or D rating:

“Inspection Completed – Fire Safety: B Rating.” This event will be entered for QFI reports that contain a B rating only. The DCWL field consultant will line reference, “Renewal packet sent” and will enter all rule violations listed on the QFI report.

“Inspection Completed – Fire Safety: C Rating.” This event will be entered for QFI reports that contain a C rating only. The DCWL field consultant

will line reference, "Renewal packet sent" and will enter all rule violations listed on the QFI report.

"Inspection Completed – Fire Safety: D Rating." This event will be entered for QFI reports that contain a D rating only. The DCWL field consultant will line reference, "Renewal packet sent" and will enter all rule violations listed on the QFI report.

The DCWL field consultant notify the area manager and director immediately upon receipt of a QFI report with a B, C or D rating, to discuss necessary licensing action.

The DCWL secretary will save all Plan Review Reports on the shared drive, in the following location: S Drive > BFSCWL > Fire Safety Reports CCI > Fire Safety Plan Reviews for applicable year.

The DCWL secretary will save all QFI reports on the shared drive, in the following location: S Drive > BFSCWL > Fire Safety Reports CCI > Fire Inspection Reports for applicable year.

Effective February 28, 2017

Attachment 14: Enrollments and Original Issuance (BITS Events)

LU = Licensing Unit in Central Office

BCAL
Commonly Used Events for Licensing Actions

ENROLLMENTS AND ORIGINAL ISSUANCE CWL ONLY			
<i>All Inquiries are forwarded to Licensing Unit</i>			
<i>Licensing Unit sends application packet to</i>			
<i>applicant Central Office receives application packet</i>			
Completed by	Description/Comment		
LU	<i>Puts people on BITS, creates Licensee, creates facility and enters any terms available from the application.</i>		
LU	<i>Input Clearance information on each person. Clearances are required on: Licensees, Licensee Designees and Program Directors within the last 12 months prior to issuance. If there is a HIT, forward on to division director.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
LU	Enrollment		Signifies receipt of complete application and confirmation of fee paid. Note: There is no fee for AGU's (Approved Governmental Unit) or COF's (Court Operated Facility)
LU	Inspection Report Requested – Environmental Health	1	For CS, CE, CI and CO ONLY. The date applicant is sent notice that an Environmental Health inspection is required. The return address must be the assigned field office.
LU	Zoning Notice Required	1	Triggers zoning letter 1558 and starts the 45 day notice requirement. CS, CE and CI ONLY with capacity of 5 or 6. Required
LU	Zoning Letter Sent – 1558	1	The date the zoning approval letter is sent from Central Office. CS, CE and CI ONLY with capacity of 5 or 6. Required

LU	Zoning Due	1	This is due 45 days after the 1558 is sent. Note: license may not be issued until this date is reached. CS, CE and CI ONLY with capacity of 5 or 6. Required
LU	Zoning Approved	1	The date Central Office receives approval from zoning authority or does not respond within 45 days. CS, CE and CI ONLY with capacity of 5 or 6.
LU	Zoning Denied	1	The date Central Office receives disapproval from zoning authority. CS, CE and CI ONLY with capacity of 5 or 6.
THEN			
Completed by	Description/Comment		
LU	<i>Transfers facility to the field Area Manager workload. Sends all original application materials to field.</i>		
Field	<i>Receives application materials from LU</i>		
Field	<i>Area Manager runs Reminder report and transfers facility to consultant workload.</i>		
Field	<i>Consultant runs their Reminder report.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Report Requested Fire (QFI)	1	For CS, CE, COF and CI ONLY. The date applicant is sent notice that a fire safety inspection is required. <i>Inspector must be from the OFS provided list of approved Qualified Fire Inspector and must be approved for the program being licensed. Note: For new construction facilities, applicant must submit plans to OFS for approval, in addition to the QFI inspection.</i>
Field	Referral-Office of Fire Safety (OFS)		For new construction CS, CE and CI ONLY. Applicant sends plans to OFS for plan approval.
Field	Inspection Completed – Fire Safety: A (QFI)	1	The date the QFI fire safety <i>inspection</i> was completed
Field	Inspection Completed-Environ. Health: A	1	The date the inspection was completed. Required

Field	Comment	1	For new construction CS, CE, COF and CI ONLY. Note date OFS final approval is received. Both an OFS approval and QFI “A” rating is required for license issuance.
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**THEN
IF ENVIRONMENTAL HEALTH REPORT HAS LESS THAN “A” RATING**

Entered by	BITS Event	Line Ref	Description/Comment
Field	Confirming Letter Sent	1	Envir. Health has B, C or D rating: Field sends confirming letter to applicant that a 2 nd inspection will be needed. <i>An environ. health inspection report with an “A” rating is required prior to license issuance.</i>

**THEN
IF FIRE SAFETY (QFI) INSPECTION REPORT HAS LESS THAN “A” RATING**

Entered by	BITS Event	Line Ref	Description/Comment
Field	Confirming Letter Sent	1	Fire safety has B, C or D rating: Field sends confirming letter to applicant that a 2 nd inspection will be needed. <i>A QFI inspection with an “A” rating is required prior to license issuance.</i>

THEN

Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed –On-site	1	The date(s) of the on-site inspection(s). Enter one event for each on-site completed. Required
Field	Inspection Completed – BCAL Full Compliance	1	The date full compliance is determined. Required
Field	Inspection Completed Environmental Health: A	1	Enter date Environmental Health Inspection was completed. Required
Field	Inspection Completed Fire: A (QFI)	1	Enter date Fire Safety Inspection was completed. Required.
Field	Recommend License Issuance	1	Required.

OR WHEN RULE VIOLATIONS ARE CITED AND CAP IS NEEDED

Field	Inspection Completed BCAL-Sub. Compliance	1	When rule violations are observed at inspection. Required.
Field	Corrective Action Plan Requested and Due On	1	Enter date CAP is due.

Field	Corrective Action Plan Received	Line # of Cap	Enter date cap is received.
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		Request ed and Due On	
Field	Corrective Action Plan Approved/Disapproved	Line # of Cap Request ed and Due On	Enter date cap is approved or disapproved.
Field	Recommend License Issuance	1	Enter date of recommendation.
THEN			
Completed by	Description/Comment		
Field	<i>Consultant generates an Original LSR- gives to area manager to review and sign</i>		
Field	<i>Area Manager – Reviews and signs the original LSR</i>		
Field	<i>Area Manager - Moves the LSR from Docs_pending to Docs_Completed</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Supervisory Approval	1	Entered by Area Manager. Required prior to license issuance
Field	Original License Issued	1	Done by area manager. Enter date license is to be effective. Required
Field	LSR Sent	1	Enter the date original LSR is sent. Required.
THEN			
Completed by	Description/Comment		
Field	<i>Sends signed original copy of LSR to applicant.</i>		
OR WHEN RECOMMENDING DENIAL OF ISSUANCE			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection completed-BCAL Sub. Noncompliance	1	Disciplinary Action recommendation- Denial of Issuance. Required
Field	Recommend Refusal to Renew	1	Required
THEN			
Completed by	Description/Comment		
Field	<i>Consultant writes narrative LSR – gives to area manager for review</i>		
Field	<i>Area Manager reviews and signs LSR</i>		
Field	<i>Sends original copy of LSR to licensee, a copy, with supporting documents to DAU.</i>		
Field	<i>Transfers facility to DAU workload (040000)</i>		
Field	<i>Transfers from Docs_pending to Docs_Completed</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment

Field	Notice of Intent- Rec. to Central Office	1	Assigns facility to Disciplinary Action Unit. Required
Field	LSR Sent	1	Enter date LSR sent. Required.

BCAL CWL Enroll-Orig
8/11/03

Attachment 15: CCI/CPA Application Closure Letter – 30 Day Notice

Insert letter onto MDHHS/Division of Child Welfare Licensing Letterhead

Date

Licensee Designee Name

Facility Name

Address

City, MI Zip

RE: (License #)

Dear (Licensee Designee Name):

On (Date), you filed an application for a (child caring institution or child placing agency license) with the Division of Child Welfare Licensing (DCWL). Since that time, DCWL has notified you, in writing that you have not submitted the required documentation to proceed with licensure.

Because you have not provided DCWL with a viable plan to achieve compliance with licensing rules, the Department of Health and Human Services is administratively closing your application and will not be issuing a license.

If within 30 days of the receipt of this letter you wish to object to the closure of your application, you may do so, in writing, to DCWL at the letterhead address. Your response must include all required documentation to proceed with the processing of your application, as well as a written plan detailing how your proposed facility will be operational within 30 days. If you do not include this information in your response, DCWL may proceed with a formal *Notice of Intent to Deny* your application. You may refer to 1973 PA 116 for the penalties and implications of a formal denial of your license application.

If you have any questions regarding this letter, you may contact (consultant) at (phone #).

Sincerely,

_____, Director
Division of Child Welfare Licensing
Department of Health and Human Services

Attachment 16: CCI/CPA Application Closure Letter Template

Insert letter onto MDHHS/Division of Child Welfare Licensing Letterhead

Name
Address
City, state, zip

Re: License No.

Dear _____:

Your application to operate a child caring institution was closed effective (date).

This action is being taken for the reason(s) provided to you in the certified letter, dated_____.

It is the Department's understanding that you will not receiving children for care. Please contact us immediately if this information is not accurate.

You are reminded that the Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.11 et seq.; MSA 25.358(11) et seq. requires all facilities to be licensed and provides penalties for failure to comply.

Sincerely,

_____, Director

Division of Child Welfare Licensing

Cc: _____, Area Manager

Attachment 17: CCI-COF-AGU-CPA Renewal (BITS Events)

LU = Licensing Unit in Central Office

BCAL Commonly Used Events for Licensing Actions

RENEWALS		CCI/COF/AGU/CPA ONLY	
LU	<i>Run renewal reminder report for sending renewal packets.</i>		
LU	<i>Sends renewal packets.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
LU	<i>Moves the Renewal LSR from Docs</i>		Enter date renewal packet sent. Required. Done 3 months prior to expiration date.
LU	<i>Moves the Renewal LSR from Docs</i>	Line # of "Renewal Packet Sent"	For CCI and COF Only. Enter the date the inspection was completed. Required. The return address must be the assigned field office. <i>Note: The licensee requests, pays for and receives the inspection report, then submits to field.</i>
THEN			
Completed by	Description/Comment		
Field	<i>Receives renewal application materials.</i>		
Field	<i>Consultant runs their Reminder report.</i>		
Field	<i>Checks for a change of licensee designee or Program Director. If a change has occurred, obtains new Licensing and Medical Clearances and does qualifications review, as appropriate.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Application Received - Renewal	Line # of "Renewal Packet Sent"	Entered the date the completed app is received. Required
Field	Fee Received Renewal	Line # of "Renewal Packet Sent"	Enter the date the notice of fee payment is received. Required. Note: There is no fee for Court Operated Facilities (COF) or Approved Governmental Units (AGU)
Field	Inspection Completed- Fire Safety: A	Line # of "Renewal Packet Sent"	For CCI and COF Only. Enter the date the inspection was completed. Required. <i>Note: The licensee requests, pays for and receives the inspection report, then submits to field. Inspection must be completed by a Qualified Fire Inspector who is listed on the OFS provided list of approved QFI's. The inspection must be approved for the program type being renewed.</i>

Field	Inspection Completed- Environmental Health: A	Line # of "Renewal Packet Sent"	For CCI and COF Only. Required
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**THEN
IF ENVIRONMENTAL HEALTH REPORT HAS "B" OR "C" RATING**

Entered by	BITS Event	Line Ref	Description/Comment
Field	Corrective Action Plan Requested and Due On:	Line # of "Renewal Packet Sent"	Environ. Health has B or C rating: If "B" rating, field sends letter to applicant requesting Corrective Action Plan and enters CAP due date. Required. If "C" rating notifies licensee that a follow-up inspection will be needed.
Field	Corrective Action Plan Received	Line # of "Corrective Action Plan Requested and Due on:"	Enters date CAP received. Required.
Field	Corrective Action Plan Approved/Disapproved	Line # of "Corrective Action Plan Requested and Due on:"	Enter date CAP is approved/disapproved. Repeat CAP steps until an acceptable CAP is received.
Field	Inspection Completed Environmental Health: A/B	Line # of "Renewal Packet Sent"	Enter date Environmental Health Inspection was completed. Environmental with at least a "B" rating and acceptable CAP is required prior to renewal of license.

OR IF ENVIRONMENTAL HEALTH HAS A "D" RATING

Completed by	Description/Comment
Field	<i>Requests an intake number from Complaint Unit. Consultant initiates a special investigation and requests CAP.</i>

**THEN
IF QFI FIRE SAFETY INSPECTION REPORT HAS BITS "B" or "C" RATING**

Entered by	BITS Event	Line Ref	Description/Comment
Field	Corrective Action Plan Requested and Due On:	Line # of "Renewal Packet Sent"	Fire safety has BITS B or C rating: If "B" rating, field sends letter requesting CAP. Enter date CAP is due. Required. If "C" rating notifies licensee that a follow-up inspection will be needed.
Field	Corrective Action Plan Received	Line # of "Corrective Action Plan Requested and Due on:"	Enters date CAP received. Required
Field	Corrective Action Plan Approved/Disapproved	Line # of "Corrective Action Plan Requested and Due on:"	Enter date CAP is approved/disapproved. Required. Repeat CAP steps until an acceptable CAP is received.
Field	Inspection Completed Fire: A/B	Line # of "Renewal Packet Sent"	Enter date Fire Safety Inspection was completed. Required. Fire Safety Report with at least a BITS "B" rating with an acceptable CAP is required prior to license renewal.

THEN IF QFI FIRE SAFETY REPORT HAS A BITS "D" RATING

Completed by		Description/Comment	
Field		<i>Requests intake number from Complaint unit. Consultant initiates a special investigation and requests CAP.</i>	
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed – On-site	Line # of “Renewal Packet Sent”	The date(s) of the on-site inspection(s). Enter one event for each on-site completed. Required.
Field	Inspection Completed – BCAL Full Compliance	Line # of “Renewal Packet Sent”	The date full compliance is determined. Required.
Field	Recommend License Issuance	Line # of “Renewal Packet Sent”	Required.
Field	Supervisory Override	Line # of “Rec. License Issuance”	Needed only if Fire and/or Environ. Health is older than 12 months but less than 18 months. Obtain new inspection if report is older than 18 months.
Field	LSR Generated	Line # of Renewal Packet Sent	Enters date LSR was generated. Required.
THEN			
Completed by		Description/Comment	
Field		<i>Generates BITS Renewal Inspection report.</i>	
Field		<i>Moves the Renewal LSR from Docs pending to Docs_Completed.</i>	
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Renewal License Issued	Line # of “Renewal Packet Sent”	Enter date the License is to be effective. Required. If renewal is overdue, make the following comment: “Delay in timely processing of renewal due to 11/4/02 reorganization.”
Field	LSR Sent	Line # of “Renewal Packet Sent”	Enters date LSR sent. Required.
THEN			
Completed by		Description/Comment	
Field		<i>Sends original copy to licensee.</i>	
OR WHEN RULE VIOLATIONS ARE CITED AND CAP RECEIVED ON-SITE			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed-Sub Compliance	Line # of “Renewal Packet Sent”	When rule violations are observed at inspection. Required
Field	Corrective Action Plan Requested and Due On	Line # of “Renewal Packet Sent”	Enter Date CAP is due. Required
Field	Corrective Action Plan Received	Line # of “CAP Requested and Due On”	Enter Date CAP is received. Required.

Field	Corrective Action Plan Approved/Disapproved	Line # of "CAP Requested and Due On"	Enter Date CAP is approved/disapproved. Required. <i>Repeat steps until an acceptable CAP is received.</i>
Field	Recommend License Issuance	Line # of "Renewal Packet Sent"	Required.
Field	Supervisory Override	Line # of "Rec. License Issuance"	Needed only if Fire and/or Environ. Health is older than 12 months but less than 18 months. Obtain new inspection if report is older than 18 months.
Field	LSR Generated	Line # of Renewal Packet Sent	Enters date LSR was generated. Required.
THEN			
Completed by		Description/Comment	
Field		<i>Generates BITS Renewal Inspection report</i>	
Field		<i>Moves the Renewal LSR from Docs_pending to Docs_Completed</i>	
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Renewal License Issued	Line # of "Renewal Packet Sent"	Enter date the License is to be effective. Required. If renewal is overdue, make the following comment: "Delay in timely processing of renewal due to 11/4/02 reorganization."
Field	LSR Sent	Line # of "Renewal Packet Sent"	Enters date LSR is sent. Required.
THEN			
Completed by		Description/Comment	
Field		<i>Sends original copy to licensee.</i>	
OR WHEN CAP IS REQUESTED IN RENEWAL LSR			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed – BCAL Sub. Compliance	Line # of "Renewal Packet Sent"	When non-compliance is cited and CAP is requested in renewal licensing study report. Required
Field	Corrective Action Plan Requested and Due On	Line # of "Renewal Packet Sent"	Enter Date CAP is due. Required.
THEN			
Completed by		Description/Comment	
Field		<i>Generates BITS Renewal Inspection report</i>	
Field		<i>Sends original copy of LSR to licensee.</i>	
Field		<i>Moves the Renewal LSR from Docs_pending to Docs_Completed</i>	
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	LSR Generated	Line # of "Renewal Packet Sent"	Generates LSR and enters the date. Required.

Field	Corrective Action Plan Received	Line # of "CAP Requested and Due On"	Enter Date CAP is received. Required
Field	Corrective Action Plan Approved/ Disapproved	Line # of "CAP Requested and Due On"	Enter Date CAP is approved/disapproved. Repeat steps until an acceptable CAP is received.
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Recommend License Issuance	Line # of "Renewal Packet Sent"	Enter date the License is to be effective. Required.
Field	Supervisory Override	Line # of "Rec. License Issuance"	Needed only if Fire and/or Environ. Health is older than 12 months but less than 18 months. Obtain new inspection if report is older than 18 months.
Field	LSR Sent	Line # of Renewal Packet Sent	Enters date LSR was sent. Required.
Field	Renewal License Issued	Line # of "Renewal Packet Sent"	Required. If renewal is overdue, make the following comment: "Delay in timely processing of renewal due to 11/4/02 reorganization."
THEN			
Completed by	Description/Comment		
OR WHEN RECOMMENDING PROVISIONAL LICENSE ISSUANCE			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection completed-BCAL Sub. Noncompliance	Line # of "Renewal Packet Sent"	Provisional License issuance recommendation. Required
Field	Corrective Action Plan Requested and Due On	Line # of "Renewal Packet Sent"	Enter date CAP is due. Required
THEN			
Completed by	Description/Comment		
Field	<i>Generates narrative LSR. Gives to area manager to review and sign.</i>		
Field	<i>Area Manager reviews and signs.</i>		
Field	<i>Sends original copy of signed LSR to licensee.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	LSR Sent	Line # of "Renewal Packet Sent"	Enter date LSR sent. Required.
Field	Corrective Action Plan Received	Line # of "CAP Requested and Due On"	Enter Date CAP is received. Required.
Field	Corrective Action Plan Approved/Disapproved	Line # of "CAP Requested and Due On"	Enter Date CAP is approved/disapproved. Required. Repeat steps until an approved CAP is received. <i>An acceptable CAP is required prior to prov. license issuance.</i>

Field	Recommend Provisional License Issuance	Line # of "Renewal Packet Sent"	Required. If renewal is overdue, make the following comment: "Delay in timely processing of renewal due to 11/4/02 reorganization." If acceptable CAP is received, but licensee rejects Prov. license- Go To: Notice of Intent- Rec. to Central Office.
Field	Supervisory Override	Line # of "Renewal Packet Sent"	Needed only if Fire and/or Environ. Health is older than 12 months but less than 18 months. Obtain new inspection if report is older than 18 months.
Field	Supervisory Approval	Line # of "Rec. Prov. License Issuance"	Entered by area manager for provisional license issuance. Required.
Field	Modify License to Provisional	Line # of "Supervisory Approval"	Required. Make sure license status is PROVISIONAL. Must be done by an area manager
THEN			
Completed by		Description/Comment	
OR WHEN RECOMMENDING REFUSAL TO RENEW			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection completed-BCAL Sub. Noncompliance	Line # of "Renewal Packet Sent"	Disciplinary Action recommendation- Refusal to renew. Required
Field	Recommend Refusal to Renew	Line # of "Renewal Packet Sent"	Required
THEN			
Completed by		Description/Comment	
Field	<i>Consultant writes narrative LSR – gives to Area Manager for review</i>		
Field	<i>Area Manager reviews and signs LSR</i>		
Field	<i>Sends original copy of LSR to licensee and, a copy, with supporting documents to DAU.</i>		
Field	<i>Transfers facility to DAU workload (040000)</i>		
Field	<i>Transfers from Docs_pending to Docs_Completed</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Notice of Intent- Rec. to Central Office	Line # of "Renewal Packet Sent"	Assigns facility to Disciplinary Action Unit. Required
Field	LSR Sent	Line # of "Renewal Packet Sent"	Enter date LSR sent. Required.

BCAL CCI-COF-AGU-CPA- Renew.doc 8/11/03

Attachment 18: Electronic Filing Requirements

Division of Child Welfare Electronic Filing Requirements

The Division of Child Welfare Licensing (DCWL) files licensing study reports (LSRs), special investigations, code sheets, corrective action plans and foster home analyst documentation according to Implementation, Sustainability and Exit Plan (ISEP) six month periods; January 1st to June 30th and July 1st to December 31st. All DCWL staff must follow the instructions below when electronically filing reports and supporting documentation compiled during annual/renewal on-site reviews and special investigations.

Process:

All electronic ISEP folders are located on the Shared Drive – S:\Bfs\Bfscwl\ISEP to ensure that ISEP documents are consistently organized and easily accessible for reporting.

Prior to filing documents on the Shared Drive, review documents to ensure that all required fields in the LSRs, code sheets, contact sheets etc. are filled out completely. Finalized documents are to be filed on the Shared Drive. The following documents should not be filed in the ISEP folders:

- Foster home analyst interview forms.
- 1326s and CJI/CHRI.
- Draft reports.
- Vaguely labeled items.
- Any other items not related to ISEP reporting.
- Audit Tools

Foster home analysts will create and label the CPA folder including the CPA name and license number; see example below for Calhoun County DHHS.

Calhoun County DHS CP630201518	06/06/2017 9:13 AM	File folder
Catholic Charities of Shiawassee & Genes...	05/26/2017 1:56 PM	File folder
Catholic Human Services TC	05/23/2017 7:09 AM	File folder
Catholic Social Services of Washtenaw	04/24/2017 12:37 ...	File folder
Child and Family Northeast-CB690201041	05/26/2017 1:57 PM	File folder
Child and Family Northwest	05/23/2017 7:10 AM	File folder
Child and Family UP	05/23/2017 7:14 AM	File folder
Children's Center Wayne CO. CB820201055	02/21/2017 10:13 ...	File folder

Make 3 folders within the CPA folder as labeled:

Name	Date modified	Type	Size
Analyst Reports	07/14/2017 2:27 PM	File folder	
Consultant Reports	07/14/2017 2:27 PM	File folder	
Safety Alerts-Resolved	07/14/2017 2:28 PM	File folder	

Foster home analyst will add the following to the Analyst Report folder clearly labeled:

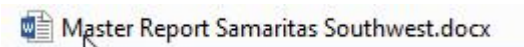
Analyst Contact Sheet:

Safety alerts clearly indicated. All fields filled in.
 Labeled "Contact Sheet - Agency Name" at minimum - in that order.



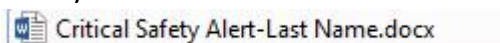
Analyst Master Report:

Labeled "Master Report – Agency Name" at minimum – in that order.

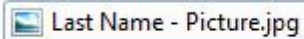


Safety Alerts:

Labeled with the last name of the foster home:
 Labeled "Safety Alert-Last Name of Home".

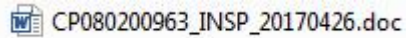


Safety Alert resolution items including emails, pictures, screen shots labeled with caretakers last name:

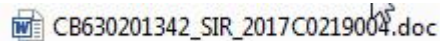
 Last Name - Picture.jpg

Consultants will add the following labeled:

Renewal or Interims labeled as usual:

 CP080200963_INSP_20170426.doc

Special Investigations labeled:

 CB630201342_SIR_2017C0219004.doc

CAPs (denied and accepted) labeled: “CAP and Name of Agency”

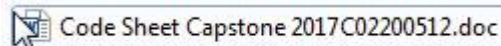
 CAP - St. Clair County 2016 - .pdf

Special Investigation CAPs labeled with SI number:

 CAP - St. Clair 2016C032103224.pdf

Code Sheets:

Labeled with SI number:

 Code Sheet Capstone 2017C02200512.doc

All documentation related to the resolution of a safety alert or CAP.

Attachment 19: Interim Inspections (BITS Events)

LU = Licensing Unit in Central Office

BCAL Commonly Used Events for Licensing Actions

INTERIM INSPECTIONS			CWL ONLY
Completed by	Description/Comment		
Field	<i>Consultant runs Reminder Report</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
	Inspection Due–BCAL		System Generated Date
Field	Inspection Completed - On-site	Line # of "Inspection Due BRS"	The date the on site inspection was completed.
Field	Inspection Completed – BCAL Full Compliance	Line # of "Inspection Due BRS"	The date full compliance is determined. Required.
THEN			
Completed by	Description/Comment		
Field	<i>Generates BITS interim inspection report</i>		
Field	<i>Sends original copy to Licensee</i>		
Field	<i>Moves the report from Docs_Pending to Docs_Completed</i>		
OR WHEN ACCEPTABLE CAP IS RECEIVED ON-SITE			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed – BCAL Sub. Compliance	Line # of "Inspection Due-BCAL"	When non-compliance is cited and a CAP is requested in the Interim Inspection Report
Field	Corrective Action Plan Requested and Due on:	Line # of "Inspection Due-BCAL"	Enter CAP due date. Required.
Field	Corrective Action Plan Received.	Line # of "Corrective Action Plan Requested and Due on:"	Enter the date the CAP is due. Required
Field	Corrective Action Plan Approved	Line # of "Corrective Action Plan Requested and Due On:"	Enter the date the CAP is approved.
THEN			
Completed by	Description/Comment		
Field	<i>Generates BITS interim inspection report</i>		
Field	<i>Sends original copy to Licensee</i>		
Field	<i>Moves the report from Docs_pending to Docs_Completed</i>		

OR WHEN ACCEPTABLE CAP IS REQUESTED IN INTERIM REPORT			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed – BCAL Sub. Compliance	Line # of “Inspection Due-BCAL”	When non-compliance is cited and a CAP is requested in the Interim Inspection Report
Field	Corrective Action Plan Requested and Due on:	Line # of “Inspection Due-BCAL”	Enter CAP due date. Required.
THEN			
Completed by	Description/Comment		
Field	<i>Generates BITS interim inspection report</i>		
Field	<i>Sends original copy to Licensee</i>		
Field	<i>Moves the report from Docs_pending to Docs_Completed</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Report Sent	Line # of “Renewal Packet Sent”	Date Inspection report sent to licensee.
Field	Corrective Action Plan Received.	Line # of “Corrective Action Plan Requested and Due on:”	Enter the date the CAP is due. Required
Field	Corrective Action Plan Approved/Disapproved	Line # of “Corrective Action Plan Requested and Due On:”	Enter the date the CAP is approved/disapproved. Required. Repeat steps until an acceptable CAP is received.
Field	Recommend Continue Current Status	Line # of “Inspection Due-BCAL”	This is for LSR and Transmittal letter prior to recommendation taking effect.
THEN			
Completed by	Description/Comment		
Field	<i>Moves report from Docs_Pending to Docs_Completed</i>		
OR WHEN RECOMMENDING PROVISIONAL LICENSE ISSUANCE			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed-BCAL Sub. Noncompliance	Line # of “Inspection Due-BCAL”	Provisional License issuance recommendation. Required
Field	Corrective Action Plan Requested and Due On	Line # of “Inspection Due-BCAL”	Enter Date CAP is due. Required.
THEN			
Completed by	Description/Comment		
Field	<i>Consultant writes LSR – gives to area manager for review</i>		

Field	<i>Area Manager reviews and signs LSR</i>		
Field	<i>Sends original copy of LSR to Licensee.</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	LSR Sent	Line # of "Inspection Due-BCAL"	Enter date sent. Required.
Field	Corrective Action Plan Received	Line # of "CAP Requested and Due On"	Enter Date CAP is received. Required.
Field	Corrective Action Plan Approved/Disapproved	Line # of "CAP Requested and Due On"	Enter Date CAP is approved/disapproved. Repeat steps until an acceptable CAP is received. An acceptable CAP is required prior to provisional license issuance.
Field	Recommend Modify to Provisional	Line # of "Inspection Due-BCAL"	Required. If acceptable CAP is received, but licensee rejects Prov. license- Go To: Inspection Completed- BCAL Sub. Noncompliance- Disciplinary Action
Field	Supervisory Approval	Line # of "Inspection Due-BCAL"	Entered by area manager for provisional license issuance. Required.
Field	Modify License to Provisional	Line # of "Inspection Due-BCAL"	Required. Must be done by an area manager. Make sure status is provisional. Letter is sent to licensee confirming issuance of provisional license
THEN			
Completed by	Description/Comment		
Field	<i>Moves from Docs_pending to Docs_completed.</i>		
OR WHEN RECOMMENDING REVOCATION			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Inspection Completed-BCAL Sub. Noncompliance	Line # of "Inspection Due-BCAL"	Disciplinary Action recommendation- Revocation. Required
Field	Recommend Revocation	Line # of "Inspection Due-BCAL"	Required

THEN			
Completed by	Description/Comment		
Field	<i>Consultant writes narrative LSR – gives to area manager for review</i>		
Field	<i>Area Manager reviews and signs LSR</i>		
Field	<i>Sends original copy of LSR to licensee and a copy, with supporting documents to DAU</i>		
Field	<i>Transfers facility to DAU workload (040000)</i>		
Field	<i>Transfers from Docs_pending to Docs_Completed</i>		
THEN			
Entered by	BITS Event	Line Ref	Description/Comment
Field	Notice of Intent- Rec. to Central Office	Line # of "Inspection Due-BCAL"	Assigns facility to Disciplinary Action Unit. Required
Field	LSR Sent	Line # of "Inspection Due-BCAL"	Enter date LSR sent. Required.

Attachment 20: CWL-Special Investigations (BITS Events)

LD = Licensing Division in Central Office

BCAL

Commonly Used Events for Licensing Actions

CWL - SPECIAL INVESTIGATIONS		
<i>All Special Investigation intakes will be entered by Complaint Unit</i>		
<i>If field receives a complaint, record complaint, email Complaint Unit for an intake number</i>		
Note: line referencing is automatically done for SIs		
Entered by	BITS Event	Description/Comment
LD	Special Investigation Intake	Enter date intake is recorded on BITS. Required
THEN		
Completed by	Description/Comment	
LD	<i>Sends Area Manager an e-mail with the pending intake number.</i>	
Field	<i>Area Manager assigns the Intake to the consultant and notifies them.</i>	
Field	Evaluates intake, either dismisses intake or opens the SI. SI number assigned at this time.	
THEN		
Entered by	BITS Event	Description/Comment
Field	Rule or Act Allegations/Violations	Enter potential Act/rule violations. Required
Field	Special Investigation Initiated- Telephone; Face to Face; Letter or Onsite	Required.
Field	Inspection Completed – On Site	Not required if “Special Investigation Initiated-onsite” event is used. Enter even if on-site inspection not required to complete investigation.
Field	Recommended Unsubstantiated CPS	CWL & CDC Only. For unsubstantiated CPS Allegations. Required for CPS intakes.
Field	Special Investigation Full Compliance	When no violations are cited.
Field	Special Investigation Closed	Enter to close the SI. (Unless the SI Consolidated event is used.)
THEN		

Completed by	Description/Comment	
Field	<i>Generates SIR, gives to Area Manager for approval and signature</i>	
Field	<i>Area manager reviews and signs the SIR.</i>	
Field	<i>Sends original copy to licensee.</i>	
Field	<i>Moves from docs_pending to docs_completed.</i>	
THEN		
Entered by	BITS Event	Description/Comment
Field	Special Investigation Report Sent	Enter date SIR sent. Required.
OR IF RULE VIOLATIONS ARE SUBSTANTIATED AND CAP RECEIVED ON-SITE		
Entered by	BITS Event	Description/Comment
Field	Inspection Completed-BCAL Sub. Compliance	Enter date non-compliance determined. Not used when recommending provisional license issuance.
Field	Recommended Unsubstantiated/Substantiated CPS	CWL & CDC Only For unsubstantiated/substantiated CPS Allegations. Required for CPS intakes.
Field	Corrective Action Plan Requested and Due On	Enter date cap due. Required.
Field	Corrective Action Plan Received	Enter date CAP is received. Required
Field	Corrective Action Plan Approved/Disapproved.	Enter date CAP is approved/disapproved. Required. Repeat CAP steps until an acceptable CAP is received.
Field	Special Investigation Report Sent	Enter date report will be sent.
Field	Special Investigation Closed	Enter to close the SI. (Unless the SI Consolidated event is used.)
THEN		
Completed by	Description/Comment	
Field	<i>Generates SIR, gives to Area Manager for approval and signature</i>	
Field	<i>Area manager reviews and signs the SIR.</i>	
Field	<i>Sends original copy to licensee</i>	
Field	<i>Moves from docs_pending to docs_completed.</i>	
THEN		
Entered by	BITS Event	Description/Comment
Field	Special Investigation Report Sent	Enter date SIR sent. Required.
OR WHEN CAP IS REQUESTED IN SIR		

Entered by	BITS Event	Description/Comment
Field	Inspection Completed-BCAL Sub. Compliance	Enter date non-compliance determined. Required. <i>Not used when recommending provisional license issuance.</i>
Field	Corrective Action Plan Requested and Due On	Enter date cap due. Required.
THEN		
Completed by	Description/Comment	
Field	<i>Generates SIR, gives to Area Manager for approval and signature</i>	
Field	<i>Area manager reviews and signs the SIR.</i>	
Field	<i>Sends original copy to licensee.</i>	
Field	<i>Moves from docs_pending to docs_completed.</i>	
THEN		
Entered by	BITS Event	Description/Comment
Field	Special Investigation Report Sent	Enter date SIR is sent. Required.
Field	Corrective Action Plan Received	Enter date CAP is received. Required
Field	Corrective Action Plan Approved/Disapproved.	Enter date CAP is approved/disapproved. Required. Repeat CAP steps until an acceptable CAP is received.
Field	Special Investigation Closed	Enter to close the SI. (Unless the SI Consolidated event is used.)
THEN		
Completed by	Description/Comment	
OR WHEN RECOMMENDING PROVISIONAL LICENSE ISSUANCE		
Entered by	BITS Event	Description/Comment
Field	Inspection Completed-BCAL Sub. Non-Compliance	When non-compliance is cited and provisional license or disciplinary action is being recommended.
Field	Recommended Unsubstantiated/Substantiated CPS	CWL & CDC Only For unsubstantiated/substantiated CPS Allegations. Required for CPS intakes
Field	Recommend Modify to Provisional	Required.
Field	Corrective Action Plan Requested and due on	Enter date is due. Required.
THEN		
Completed by	Description/Comment	

Field	<i>Generates SIR, gives to Area Manager for approval and signature</i>	
Field	<i>Area manager reviews and signs the SIR.</i>	
Field	<i>Sends original copy to licensee.</i>	
Field	<i>Moves from docs_pending to docs_completed.</i>	
LD	<i>Moves from docs_completed to web_docs.</i>	
THEN		
Completed by	Description/Comment	
Field	Special Investigation Report Sent	Enter date SIR sent. Required.
Field	Corrective Action Plan Received	Enter date CAP is received. Required
Field	Corrective Action Plan Approved/Disapproved	Enter date CAP is approved/disapproved. Repeat CAP steps until an acceptable CAP is received
Field	Special Investigation Closed	Enter to close the SI. (Unless the SI Consolidated event is used.)
THEN		
MODIFY LICENSE TO PROVISIONAL- DONE ON THE EVENTS SCREEN		
Entered by	BITS Event	Description/Comment
Field	Supervisory Approval	Line # of "Rec. Prov. License Issuance" Entered by area manager for provisional license issuance. Required.
Field	Modify License to Provisional	Line # of "Supervisory Approval" Required. Make sure license status is PROVISIONAL. Must be done by an area manager
THEN		
OR IF RECOMMENDING REVOCATION OR REFUSAL TO RENEW		
Entered by	BITS Event	Description/Comment
Field	Inspection Completed-BCAL Sub. Non-Compliance	When non-compliance is cited and Disciplinary action is being recommended. Required.
Field	Recommended Unsubstantiated/Substantiated CPS	CWL & CDC Only For unsubstantiated/substantiated CPS Allegations. Required for CPS intakes
Field	Recommend Revocation OR Refusal to Renew	Required
Field	Notice of Intent – Recommendation to Central Office	Required.
THEN		

Completed by	Description/Comment	
Field	<i>Generates SIR – gives to area manager for review</i>	
Field	<i>Area Manager reviews and signs SIR</i>	
THEN		
Entered by	BITS Event	Description/Comment
Field	Notice of Intent- Rec. to Central Office	Assigns facility to Disciplinary Action Unit.
Field	Special Investigation Closed	Enter to close the SI. (Unless the SI Consolidated event is used.)
THEN		
Completed by	Description/Comment	
Field	<i>Sends original copy of SIR to DAU</i>	
Field	<i>Transfers facility to DAU workload (040000)</i>	
DAU	<i>Sends original copy of LSR to the licensee</i>	
THEN		
Entered by	BITS Event	Description/Comment
DAU	Special Investigation Report Sent	Enter date SIR sent. Required
THEN		
Completed by	Description/Comment	
DAU	<i>Transfers report from Docs_Pending to Docs_Completed</i>	

Attachment 21: CWL-Special Investigations – Unlicensed (BITS Events)

LD = Licensing Division in Central Office

BCAL
Commonly Used Events for Licensing Actions

SPECIAL INVESTIGATIONS UNLICENSED (Except DF)		
	<i>All Special Investigation intakes will be entered in CO.</i>	
	<i>Area Manager will receive an e-mail with the pending Intake number.</i>	
	<i>Area Manager assigns the Intake to the consultant and notifies the consultant</i>	
	<i>When consultant opens the SI they will assign the SI to their load number</i>	
Entry	EVENT	
	Special Investigation Intake	Computer generated. When you complete the Intake screen.
Field	Rule or Act Allegements/Violations	Computer generated. The basis for initiating a special investigation.
Field	Special Investigation Initiated- “Telephone, Face to Face, Letter, Onsite”	Required to open Special Investigation.
Field	Inspection Completed – Onsite	Not necessary if you used “Special Investigation Initiated – Onsite” unless additional Onsite Inspections were necessary.
Field	Contact – Telephone call received/made	Enter date phone call is received or made if applicable.
	<i>Consultant emails Jim Saint Amour with request for application to be sent out. Email includes name, address, and SI number LU will put SI Number on application to flag it as an unlicensed facility.</i>	
Field	Contact – Document sent	Date application is sent out. <i>LU enters date packet mailed in BITS.</i>
Field	<i>Consultant opens, completes and sends SIR template. Complaint is monitored and remains open until resolved.</i>	

Field	Special Investigation Report Sent	Investigation is complete, enter date when a copy of the SIR is sent out. NOTE: You must go to the Rules Screen to document noncompliance
LU	Unlicensed Facility–Application received	Date completed app with SI number is received in central office.
	Special Investigation Closed	System Generated

NOTES: EVENTS To **CLOSE** a Special Investigation

Unlicensed Facility – Application Received

Unlicensed Facility – Unsubstantiated

Unlicensed Facility – Ceased Operation

Unlicensed Facility – Refer to Attorney General

When enrolling this facility to become licensed, put the UD/UA/UC number in the Previous License number field.

BCAL Unlicensed.doc 08/26/03

Attachment 22: Inspection Concern – CWL-4608 (9-17)

Located on the Shared Drive; Policy-Procedures DCWL 2017

Attachment 23: CAP Approval Letter Template

Letter must be on MDHHS letterhead

Date

Contact Person's Name

Agency Name

Address

License #:

Special Investigation #: (if applicable)

Dear:

This letter is to advise you that the **(DATE)** corrective action plan you submitted, regarding each rule violation cited in the recently completed **(Renewal, Interim, or Special Investigation)** Report, is approved.

It is expected that the corrective action plan will be implemented within the time frames as outlined in your 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 license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office Area Manager, **(Name)** , at **(Phone Number)**.

Sincerely,

, Licensing Consultant

MDHHS\Division of Child Welfare Licensing

(Address)

(Phone Number)

Attachment 24: CAP Denial Letter Template

Letter must be on MDHHS letterhead

Date

Contact Person's Name

Agency Name

Address

License #:

Special Investigation #: (if applicable)

Dear:

This letter is to advise you that the **(DATE)** corrective action plan you submitted in response to the **(Renewal, Interim or Special Investigation)** Report, is not approved for the following reason:

You have 5 working days from receipt of this letter to submit a revised corrective action plan regarding the violation of each rule listed in the report. Failure to submit an acceptable corrective action plan may result in disciplinary action.

The Division provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at **(Phone Number)**.

Sincerely,

, Licensing Consultant

MDHHS\Division of Child Welfare Licensing

(Address)

(Phone Number)

Attachment 25: Variance Request Template for CPA/CCI/COF Rules

**VARIANCE REQUEST FOR CHILD PLACING AGENCY/CHILD CARING
INSTITUTION/COURT OPERATED FACILITY RULES**
Michigan Department of Health and Human Services
Division of Child Welfare Licensing

Date of Request	CPA/CCI Name	License Number
Chief Administrator		
Address		
City	State	Zip Code
Specify licensing rule(s) that the variance is being requested for.		
Provide reason/rationale for the variance request.		
If the variance is being requested for a specific employee or proposed employee's qualifications, include the employee and position.		
Describe the circumstances surrounding the non-compliance and the reason that the compliance cannot be met.		
Describe proposed alternative to the requirement of the rule.		
Describe specific steps that will be taken to achieve rule compliance.		
Describe length of time that is needed until compliance can be met.		
Attach supporting documents to the request, if applicable.		
Name of Chief Administrator	Signature of Chief Administrator	Date
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		

CWL-4006 (Rev. 8-19) Previous edition obsolete. 1

Attachment 26: Variance Approval/Denial Letter Template

Letter must be on MDHHS letterhead

Chief Administrator Name, Title

Facility Name

Address

Address

RE: Variance Request – Approval/Denial

Program Name

License #:

Dear Chief Administrator:

This is in response to your request received on **(Date Received)**, for a variance to CPA/CCI/COF rule specify rule and subsection. The rule states:

(Rule and Subsection)

You are requesting a variance to allow **describe the circumstances surrounding the non-compliance and the reason/s why compliance cannot be met.**

Describe the proposed alternative to the requirement of the rule, the specific steps that will be taken to achieve rule compliance, and the length of time that is needed until compliance can be met.

Based on the information above, your request is approved/denied.

If there you have questions regarding this letter, please contact Assigned DCWL Field Consultant, **(Name)** at **(Phone Number)**.

Sincerely,

_____, Director
Division of Child Welfare Licensing

cc: DCWL Field Consultant

Attachment 27: BITS Summary Sheet

SUMMARY SHEET

LICENSE NUMBER:

FACILITY:

LICENSEE:

EFFECTIVE DATE: 02/24/2016
 EXPIRATION DATE: 02/23/2018
 ORIGINAL LICENSE DATE: 03/01/1993

FACILITY STATUS: ACTIVE
 REGULATORY STATUS: REGULAR
 TOTAL CAPACITY: 118

CLEARANCES:

<u>Role</u>	<u>Name</u>	<u>Clearance Type</u>	<u>Date Completed</u>
ADMINISTRATOR		CPS	12/10/2003
		CRIMINAL HISTORY	12/09/2003
		PSOR	01/29/2008
		CCI FINGER PRINT	01/26/2012
		CCI FINGER PRINT	01/26/2012
		CCI FINGER PRINT	01/15/2014
ADMINISTRATOR		CPS	12/10/2003
		CRIMINAL HISTORY	12/09/2003
		PSOR	01/29/2008
		CCI FINGER PRINT	01/26/2012
		CCI FINGER PRINT	01/26/2012
		CCI FINGER PRINT	01/15/2014

SPECIAL INVESTIGATIONS:

<u>SI Log Number</u>	<u>Date Initiated</u>	<u>Status</u>	<u>Rules</u>	<u>Alleged</u>	<u>Substantiated</u>	<u>NOF</u>
	09/22/2016	Full Compliance	ccil59(2)	YES	NO	NO
	06/10/2016	CAP Approved	ccil58(1)	YES	YES	NO
	07/27/2015	Full Compliance	126	YES	NO	NO
	06/30/2015	Full Compliance	ccil26	YES	NO	NO
	01/28/2015	Full Compliance	126	YES	NO	NO
	10/22/2014	Full Compliance	ccil37(3)	YES	NO	NO

LAST TWO INSPECTIONS:

<u>Date</u>	<u>Inspection Type</u>	<u>Action Reason</u>	<u>Rules</u>	<u>NOF</u>
02/07/2017	Inspection Completed-BCAL Full Compliance	Interim or AFC Follow-up		
02/09/2016	Inspection Completed-BCAL Full Compliance	Renewal		

DIRECTIONS TO FACILITY:

Attachment 28: Field Analyst Letter to CPA Template

Field Analyst Letter to CPA Template

Letter must be on MDHHS letterhead

Date

Contact Person's Name

Agency Name

Address

Dear :

It is time to select families to interview for the **(year)** Division of Child Welfare Licensing (DCWL) renewal/interim inspection with **(consultant name)**.

Attached is a Foster Home/Unlicensed Relative spreadsheet that lists licensed foster homes assigned to your child placing agency as identified on the MDHHS public website. The following action is needed:

Review and confirm the list of licensed foster parents for accuracy; check the appropriate column. In the comments box provide correct information if needed.

Identify the licensed foster homes that currently have and/or have had children placed during the last 12 months; check the appropriate column.

Add the name(s) of any unlicensed relative homes under the heading, Unlicensed Relatives.

Please return the Foster Home/Unlicensed Relative spreadsheet with the required information within five business days.

Upon my receipt of your Foster Home/Unlicensed Relative spreadsheet, licensed foster homes and unlicensed relatives will be randomly selected for home visits. You will be informed of the selected families as the following will then be required:

Complete contact information on the licensed foster/unlicensed relative homes, add information regarding the youth placed.

Contact the selected foster homes and/or unlicensed relatives associated with the children placed in the selected homes within three business days and provide them with the information below:

DCWL is responsible for monitoring licensed child placing agencies.

Annually, DCWL spends approximately four days at your agency reviewing children's records and interviewing staff, foster parents and children to ensure that services are provided according to licensing rules and policies.

As a component of the annual licensing review a random sample of the agency's foster homes are visited in order to assess the safety of the children placed in the home.

Your home has been randomly selected to be reviewed by the DCWL and consequently will be contacted to schedule a home visit. The DCWL foster home analyst will send a confirmation letter to the foster home and unlicensed relative verifying the date/time of the scheduled home visit.

Active efforts will be made to schedule home visits with the foster parents and unlicensed relatives on your list. I may need to verify with you or the assigned foster care worker, the contact information provided and current status of the home if attempts to schedule a home visit are unsuccessful.

Please let me know if you have any questions.

Sincerely,

Analyst Name

Field Analyst,

Department of Health and Human Services

Division of Child Welfare Licensing

Address

Phone

Attachment 29: Field Analyst Letter to CPA Template with Foster Home Analyst Contact Sheet

– (Attachment 34)

Letter must be on MDHHS letterhead

Date

Contact Person's Name

Agency Name

Address

Dear :

Attached is a Foster Home Analyst Contact Sheet which includes a list of licensed foster homes and unlicensed relatives randomly selected for home visits prior to your **(year)** Division of Child Welfare Licensing (DCWL) renewal/interim inspection with **(consultant name.)**

Please review the Foster Home Analyst Contact Sheet and add the following information:

Contact information on the licensed foster/unlicensed relative homes, add information regarding the youth placed. Return the spreadsheet to me within three business days.

Contact the selected homes associated with the children placed in the selected homes within three business days and provide them with the information below:

- DCWL is responsible for monitoring licensed child placing agencies.
- Annually, DCWL spends approximately four days at your agency reviewing children's records and interviewing staff, foster parents and children to ensure that services are provided according to licensing rules and policies.
- As a component of the annual licensing review a random sample of the agency's foster homes are visited in order to assess the safety of the children placed in the home.
- Your home has been randomly selected to be reviewed by the DCWL and consequently will be contacted to schedule a home visit at your convenience. The DCWL foster home analyst will send a confirmation letter to the foster home and unlicensed relative verifying the date/time of the scheduled home visit.

Active efforts will be made to schedule home visits with the foster parents and unlicensed relatives on your list. I may need to verify with you or the assigned

foster care worker, the contact information provided and current status of the home if attempts to schedule a home visit are unsuccessful.

Please let me know if you have any questions.

Analyst Name
Field Analyst,
Department of Health and Human Services
Division of Child Welfare Licensing
Address
Phone

Attachment 30: Field Analyst Letter to Licensed/Unlicensed Home

Letter must be on MDHHS letterhead

Date

Foster Parent
Address

CPA license number:

Foster Home license number:

Dear _____:

The purpose of this letter is to notify you that an annual licensing review for _____ (include agency name) foster care program is being conducted by DHHS, Division of Child Welfare Licensing (DCWL). DCWL is responsible for monitoring licensed child placing agencies. Annually, DCWL spends approximately four days at your agency reviewing children's records and interviewing staff, foster parents and children to ensure that services are provided according to licensing rules and policies.

As a component of the annual licensing review, a random sample of the agency's foster homes are visited in order to assess the safety of the children placed in these homes.

Your home at:

With the following foster children:

Names and dates of birth:

Your home has been randomly selected to be reviewed by the DCWL. The tentative date and time of your review is 00-00-0000 at 00:00 am/pm. Your agency has been provided with a notice of your selection and we will collaborate with you and your licensing worker in scheduling a home visit based on your availability. The home visit will consist of interviews with you and the foster children, depending on their ages,

as well as a brief tour of your home. It is our goal to make this visit as minimally disruptive to your home as possible.

I would like to thank you in advance for your anticipated cooperation. Should you have any questions, please contact me at (xxx) xxx-xxx or at xxxxxx@michigan.gov.

Sincerely,

Your name, Foster Home Analyst
Division of Child Welfare Licensing

Licensing file

CPA

Attachment 31: Safety Alert Response Requirements

Division of Child Welfare Licensing

Safety Alert Response Requirements

The Division of Child Welfare Licensing (DCWL) field analyst will immediately report to Centralized Intake any allegations of suspected abuse and or neglect observed during a home visit. The DCWL field analyst will document the contact on a 3200 and include the intake number on the DCWL Safety Alert. The DCWL field analyst will report observations of the following to the area manager on the DCWL Foster Home Analyst Safety Alert form which will require a response/resolution by the child placing agency (CPA).

CPA must address immediately address the following upon receipt of DCWL Safety Alert:

Any safe sleep issue (NOTE: CPSC compliant crib is a licensing requirement, not a safe sleep issue)

Is there an operable smoke detector of each level of occupancy and near all sleeping areas?

Is there an operable carbon monoxide detector in the home?

Are the home and grounds free from observable health, sanitation, and safety hazards? Examples include but are not limited to:

- Excessive clutter than could become a fire hazard (blocks windows, staircases or doors from egress; blocks passage through hallways)
- Clutter stored in a way that can endanger children in room (heavy items stored on low shelves, etc.)
- Broken glass
- Bare exposed electrical wires
- Missing fireplace screen (if fireplaced is used) or heating source gates
- No baby gates with toddlers in home, if the home has stairs
- Water feature (pool, lake, pond, hot tub) without an alarm and/or rescue equipment
- Missing wheelchair ramp in a home where the child uses a wheelchair and cannot exit the home (safety plan needed until ramp is built)
- Portable space heaters in bedrooms
- Standing water or sewage in home or yard
- Peeling paint

Caregiver reports no Medical Authorization Form (DHS-3762)

Inadequate number of sleeping spaces (crib, bed, bassinet, pack and play) for the children in foster care. Related children over the age of 12 months may share a bed if developmentally and behaviorally appropriate.

The rooms occupied by children do not have a window that is large enough to be used for egress, permanently affixed walls, and flooring that is acceptable for a living space. (Examples of unacceptable flooring: splintering wood, protruding/exposed nails or carpet tacking, bare/unsealed concrete, holes)

There is not at least one unobstructed entrance/exit on each floor used as a living space

Lack of running water and at least one toilet, sink, and tub or shower in operating condition.

Lack of basic utilities in operating condition: water, heat, electricity.

Lack of an accessible working telephone in the home (including cell phone) or in close walking proximity (neighbor, etc.).

Children have access to cleaning supplies, medication, or other dangerous chemicals unless age or developmentally appropriate (child placed is able to climb on counters, put things in mouth, etc.).

The home has weapons, firearms, or ammunition, and they are accessible to children.

The purpose of the DCWL field analyst is to identify and report safety issues in the homes of licensed and unlicensed caregivers. If the field analyst observes readily identifiable potential licensing rule violations in a licensed foster home, the field analyst will make an online complaint, using the complaint form on the DCWL webpage at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_27716_76094_58021---,00.html .

Readily identifiable potential licensing rule violations may include:

Improperly stored weapons or ammunition (if observed)

No CPSC compliant crib with an infant placed

Bed sharing

Insufficient number of beds for the occupants in the home

Missing bedrooms doors (field analyst will verify whether there is an approved variance before making online complaint)

Bedroom doors with locks that prevent egress

Occupied bedrooms that have no egress window (field analyst will verify whether there is an approved variance before making online complaint)

If the field analyst makes an online complaint, the field analyst will:

Make the foster parent aware before leaving the home that it is necessary to make a licensing complaint, and explain why

Complete and submit an online complaint form

Send an email to the area manager

Enter a comment into BITS, on the CPA facility events screen, indicating that an online complaint was made, referencing the foster home name and license number

Attachment 32: Field Analyst Safety Alert (CWL-4613)

SAFETY ALERT		
Michigan Department of Health and Human Services Division of Child Welfare Licensing		
Child Placing Agency		CPA License Number
Field Analyst		Field Consultant
Date of Visit	Time of Visit	Completed By
Name of Caregiver(s)		
Licensed Foster Home <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Licensed Foster Home related to children placed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number
Unlicensed Relative <input type="checkbox"/> Yes <input type="checkbox"/> No		MISACWIS Provider ID
Foster Children in the Home	Date of Birth	Relationship to Caregiver
DCWL FIELD ANALYST CONTACTED CENTRALIZED INTAKE		
Date/Time of Contact with Centralized Intake	Date 3200 completed and sent to Centralized Intake	Centralized Intake Number
Date, method, and time of contact with Area Manager and Field Consultant		
Describe any/all Identified Safety Issues		
Are there photographs to explain the issue? If yes, attach.		
TO BE COMPLETED BY THE CHILD PLACING AGENCY (CPA) (Must be addressed immediately upon receipt.)		
CPA Resolution (Include pictures, supporting documentation, and an immediate safety plan, if applicable)		
CPA Signature		Date

CWL-4613 (Rev 6-19) Previous edition obsolete. 1

TO BE COMPLETED BY THE DIVISION OF CHILD WELFARE LICENSING

Date Resolution Confirmation Received _____	
Field Consultant	Date
Area Manager	Date

CWL-4613 (Rev 6-19) Previous edition obsolete. 2

Attachment 33: Directions for Inserting Pictures, Email or Documents into the Safety Alert (CWL-4613)

Directions for Inserting Pictures, Email or Documents into the Safety Alert (CWL-4613)

Inserting Pictures:

Take the picture with your iPhone, email the picture to your work email from your photo library on your phone.

Open the email, with your cursor and hover over the attachment and right click.

Choose "Save As" and save to your computer desktop. The file type is JPG.

From your computer Desktop open the picture, hover over the image, and right click. Choose "copy".

Open the Safety Alert document. Place cursor in the desired section (see below), right click and choose "Paste." Pictures can be pasted in the following sections:

a. DCWL Field Analysts: Describe the Identified Safety concern

Child Placing Agency Staff: CPA Resolution (Include Pictures and supporting documentation)

The image will be large. Place your cursor at the corner of the picture, click and then drag the arrow toward the center of the document to shrink the picture to the desired size.

Inserting an email into the Safety Alert:

This is necessary if you want the entire email received from a CPA on the Safety Alert.

Open the email you wish to paste onto the Safety Alert form.

Click the word "File" in the upper left-hand corner of your Tool Bar.

Choose "Save As."

Scroll to Desktop and choose to save the email onto the Desktop.

The email will now appear on your Desktop.

Use directions below if you wish to add the email to your Safety Alert.

Inserting documents into the Safety Alert form:

Save the document (e.g. safety plan, a basement usage document) to your Desktop.

Complete the Safety Alert and leave document open on the computer.

Go back to the Desktop and right click on the document or email you wish to paste.

Select the word "Copy" from the Menu selection and left click the mouse on the word "Copy."

Go back into the Safety Alert and place the cursor where you want to paste the email or document. Please Note: Pictures, emails, or documents can be pasted in the following sections:

a. DCWL Field Analysts: Describe the Identified Safety concern

b. Child Placing Agency Staff: CPA Resolution (Include Pictures and supporting documentation)

Go to the upper hand corner of the Tool Bar and left click on the word "Paste" and the email or document will appear where you have the cursor.

Delete the email, document or picture from the Desktop.

Attachment 34: Field Analyst Contact Sheet

Division of Child Welfare Licensing Field Analyst Home Contact Sheet						
Agency Name:				Total Number of Licensed Homes:		
License Number:				Total Number Visited:		
Analyst Name:	(Analyst Name)			Total Number of Unlicensed Homes:		
Date of Data Pull:				Total Number Visited:		
Date of Contact:				Total Number of Caregivers Interviewed:		
Name of Manager:				Total Number of Children Interviewed:		
Instructions for the CPA: Please fill in the required information below for each of the randomly selected foster homes shown below. This may require contact with your licensing and foster care staff in order to have the most updated name contact information, children's information, and caseworker name and contact information. Please have your licensing or foster care staff notify the foster homes that they will be contacted for a visit from a DCWL staff member.						
Return this form to: (Analyst Name) (Analyst Email)			Due By: (Enter Due Date)			
Licensed Homes						
Name of Caregiver & License Number	Address and Phone	Child's Name, DOB, Child ID #	Caseworker Name, Phone, Email	Safety Concern Y/N DCWL ONLY	Visit Y/N DCWL ONLY	If No, List Contact Attempts and Phone # This Column for DCWL Staff Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL SAFETY CONCERNS						0
TOTAL VISITS						0
Unlicensed Homes						
Name of Caregiver	Address and Phone	Child's Name, DOB, Child ID #	Caseworker Name, Phone, Email	Safety Concern Y/N DCWL ONLY	Visit Y/N DCWL ONLY	If No, List Contact Attempts and Phone # This Column for DCWL Staff Only
1						
2						
3						
4						
5						
6						
7						
8						

9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
TOTAL SAFETY CONCERNS							0
TOTAL VISITS							0

Attachment 35: Field Analyst Assignment Spreadsheet

Field Analyst Assignment Spreadsheet

AGENCY	NUMBER	AGENCY CONTACT	PHONE	OTHER INFO	Renewal/Interim Date
1:17 CENTER G/A	CB280326252		231-421-6577	No homes	
ANTRIM CO DHS	CP050312783	JEANNIE DONEGAN	231-533-7327	DONEGANJ@MICHIGAN.GOV	01/10/2018
BARAGA CO DHS	CP070200958	MATTHEW YOHE	906-353-4700	YOHEM@MICHIGAN.GOV	07/29/2018
BETHANY-T.C.	CB280235713	CRAIG BULTSMA	231-995-0870	CBULTSMA@BETHANY.ORG	10/10/2018
C & F S MICH-N.W.	CB280201037	CHERYL BUYZE	(231) 946-8975	CBUYZE@CFMAIL.ORG	04/28/2019
C & F S MICHIGAN U.P.	CB520201043	CINDY DONAHUE	(906) 228-4025	CDONAHUE@CFSUP.ORG	04/14/2018
CCWM - TC	CB280379189	Lindsay Kuznicki	616-356-6225	lkuznicki@ccwestmi.org	11/15/2018
CHARLEVOIX/EMMET CO DHS	CP240201034	Maureen Clore	(231) 348-1600	clorem@michigan.gov	08/31/2018
CHEBOYGAN CO DHS	CP160201035	JULIE WALDRON	(231) 627-8500	waldronj@michigan.gov	10/24/2018
CHIPPEWA CO DHS	CP170201061	TERRI BUSH	906-643-9550	BUSHT@MICHIGAN.GOV	01/03/2019
COPPER CMH	CN310201074	Sue Turner	906-482-9400	No homes	07/20/2019
CHS T.C.	CB280201014		231-947-8110	No homes	02/28/2019
CSS- UP	CB210201016	KYLE RAMBO	(906) 786-7212	KRAMBO@CSSUP.ORG	09/13/2019
DELTA CO DHS	CP210201090	Jennifer Pastorick	(906) 786-5394	pastorickj@michigan.gov	10/23/2018
DICKINSON CO DHS	CP220201095	SUE ASPLUND	906-774-1484	ASPLUNDS@MICHIGAN.GOV	12/26/2017
GOGEBIC DHS	CP270201149	JOHN MESICH	(906) 663-6200	MESICHJ@MICHIGAN.GOV	05/31/2019
HEAVEN SENT	CB150272130		231-237-9880	No homes	07/24/2019
HOLY CROSS T.C.	CB280200990	LINDA MAYHEW	231-922-9664	LMAYHEW@HCCSNET.ORG	02/17/2019
LUCE CO DHS	CP480201253	Jennifer Boyer	(906) 293-5144	boyerj@michigan.gov	10/31/2019
LUTHERAN WISC. U.P.	CB520245339	KERRY WIESE	(906) 226-2160	KERRY.WIESE@LSSWIS.ORG	08/13/2018
MACKINAC CO DHS	CP490201268	TERRI BUSH	906-643-9550	BUSHT@MICHIGAN.GOV	01/16/2019
MARQUETTE/ALGER/SCHOOLCRAFT C	CP520201281	MIKE MORIN	906-228-9691	morinm@mighigan.gov	07/31/2018
MENOMINEE CO DHS	CP550201290	ANDREW LAURIN	906-774-1484	LAURINA@MICHIGAN.GOV	12/13/2017
NORTHPOINT	CN220269295		906-774-0522	No homes	02/19/2019
OTSEGO CO DHS	CASS CO DHS	CINDY AUGUST	(989) 732-1702	AUGUSTC@MICHIGAN.GOV	08/31/2018
SAULT ST / BINOGII	CN170201399	JUANITA BYE	(906) 632-5250	MELISSA VANLUVEN	06/24/2018
STAIRCASE	CB530246146	CINDY ARNESON	231-843-3200	CYNLA82155@YAHOO.COM	09/02/2018
TEACH/FAM HOME UP	CB520201452	MARK HOLLIDAY	906-249-5437	MHOLLIDAY@TFHOMES.ORG	07/05/2018
U.P. KIDS	CB310282171	MARK LAMBERT	906-482-0520	linda@goodwillfarm.com	09/20/2018
U.P.FAM SOL	CB520304693	TRACY COMPTON	(906) 273-1095	COMPTONT@UPFS.ORG	05/18/2018
WELLSPRING LUTHERAN	CB690358779	LORI ONEIL	989-732-1040	LONEIL@WELLSPRINGLUTHERAN.COM	01/15/2019
*** THE PULL DATE IS 3 MONTHS PRIOR TO THE RENEWAL/INTERIM DATE ***					

Attachment 37: DCWL Interview with Foster Child

DCWL INTERVIEW WITH FOSTER CHILD

Name of Analyst:

Date of Visit:

MISACWIS ID Number:

Agency being reviewed:

Agency License #:

Name of Caregiver(s):

Name of Child:

Age:

Gender:

1. Does the child have any developmental impairment that prevents him or her from being verbally interviewed, including being non-verbal due to age? Y N

If yes, please describe:

2. Ask the child: Where do you play?

3. **Observe** the play place and was the play space appropriate? Y N

Briefly describe

4. Who lives here with you?

5. Ask the child: Do you like living here? Y N

6. Ask the child: What are some rules in this house?

7. Ask the child: What happens when you break the rules?

8. Ask the child: Do you feel safe living here? Y N

9. Ask the child: What do you like to do here?

10. Ask the child the following:

A. Where do you go to school?

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B. Where do you do your homework?

11. Ask the child: Do you know who your foster care worker is now? Y N

A. Who is your foster care worker?

B. When and where do you visit with your foster care worker?

12. Ask the child (as appropriate based on age): Do you know how to contact your worker if you needed to? Y N

13. If the child is **14 and over** ask the following; (**13 and under proceed to question 14**)

A. Were you involved in the development of the service plan(s) and the goals set for you?
Y N

B. What living skills are you working on?

14. Ask the child: If you had a problem who would you talk to?

15. Ask the child: Do you have any questions for me?

Analyst Comments:

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Attachment 38: DCWL Caregiver Interview—Home Checklist

DCWL CAREGIVER INTERVIEW – HOME CHECKLIST

Name of analyst:

Date of visit:

Agency being reviewed:

Agency license #:

Name of caregivers:

CF/CG license # (if applicable):

Name of person(s) interviewed:

of foster children currently in home:

of biological/adopted children currently in home:

1. Who currently lives in the home and what is their role? (Include who they are and, if applicable, the agency that holds case responsibility.)

2. Was there a safety alert created? Y N

If yes, please describe:

3. Ask unlicensed caregivers if they are aware of the following assistance:

Financial assistance for relatives Y N

Family Incentive Grant (FIG) Y N

Daycare assistance Y N

4. Ask the caregivers(s) the following:

A. Who is the children/s' foster care worker?

B. Are you satisfied with the visits from your foster care worker? Y N

If no, please describe:

C. Do you have any additional comments/feedback regarding the visits? Y N

If YES, please describe:

5. Ask the caregivers(s) the following:

A. How long have the children been placed in the home?

B. Do you know the permanency plan? Y N

If yes, please describe:

C. Do you have any concerns regarding the permanency plan? Y N

If yes, please describe:

6. Are you satisfied with the referrals and services you receive for the children in your home?

Y N

If no, please describe:

7. Do you have the necessary documentation to get medical care for each of the children currently placed in your home? Y N

8. Overall do you feel supported by the agency? Y N

If no, please describe:

Analyst Comments:

DCWL SAFETY ISSUE CHECKLIST SUMMARY			
SAFETY ITEM	CHECK IF PRESENT	SAFETY ITEM	CHECK IF PRESENT
<ul style="list-style-type: none"> Any safe sleep issues (Note: CPSC compliant crib is a licensing requirement, not a safe sleep issue) 	<input type="checkbox"/>	<ul style="list-style-type: none"> The room(s) occupied by children do not have a window that is large enough to be used for egress, permanently affixed walls, and/or flooring that is acceptable for a living space 	<input type="checkbox"/>
<ul style="list-style-type: none"> No operable smoke detector on each level of occupancy and/or near all sleeping areas 	<input type="checkbox"/>	<ul style="list-style-type: none"> No unobstructed entrance/exit on each floor used as a living space 	<input type="checkbox"/>
<ul style="list-style-type: none"> No operable carbon monoxide detector in the home 	<input type="checkbox"/>	<ul style="list-style-type: none"> No running water and at least one toilet, sink, and tub or shower in operating condition 	<input type="checkbox"/>
<ul style="list-style-type: none"> The home and grounds are not free from observable health, sanitation, and safety hazards* 	<input type="checkbox"/>	<ul style="list-style-type: none"> Lack of basic utilities in operating condition: water, heat, electricity 	<input type="checkbox"/>
<ul style="list-style-type: none"> Caregiver reports no medical authorization form (DHS-3762) was received 	<input type="checkbox"/>	<ul style="list-style-type: none"> No accessible working telephone in the home (including cell phone) or in close walking proximity (neighbor, etc.) 	<input type="checkbox"/>
<ul style="list-style-type: none"> Inadequate number of sleeping spaces (crib, bed, bassinet) for children placed (Related children over the age of 12 months may share a bed if developmentally and behaviorally appropriate.) 	<input type="checkbox"/>	<ul style="list-style-type: none"> Cleaning supplies, medications, other dangerous chemicals are accessible to children (unless age/developmentally appropriate; for example, is the child placed able to climb on counters, etc.?) 	<input type="checkbox"/>
<ul style="list-style-type: none"> Weapons, firearms, or ammunition are accessible to children 	<input type="checkbox"/>		

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***Examples include but are not limited to:**

- Excessive clutter that could become a fire hazard (blocks windows, staircases or doors from egress; blocks passage through hallways)
- Clutter stored in a way that can endanger children in room (heavy items stored on low shelves, etc.)
- Broken glass
- Bare exposed electrical wires
- Missing fireplace screen (if fireplace is used) or heating source gates
- No baby gates with toddlers in home, if the home has stairs
- Water feature (pool, lake, pond, hot tub) without an alarm and/or rescue equipment
- Missing wheelchair ramp in a home where the wheelchair bound child cannot be carried out of the home (safety plan needed until ramp is built)
- Portable space heaters in bedrooms
- Standing water or sewage in home or yard
- Peeling paint
- Observable pest infestation

NOTE: If the field analyst observes **readily identifiable potential licensing rule violations in a licensed foster home**, the field analyst will make an online complaint using the complaint form on the DCWL webpage at: <https://www.michigan.gov/mdhhs/0,5885,7-339-71551-27716-82239--,00.html>

Readily identifiable potential licensing rule violations in a licensed foster home may include:

- Any safety alert identified
- No CPSC compliant crib in home with infant placed
- Bed sharing
- Insufficient number of beds for occupants of the home
- Missing bedroom doors (analyst will verify whether there is an approved variance before making online complaint)
- Bedroom doors with locks that prevent egress
- Occupied bedrooms with no egress window (analyst will verify whether there is an approved variance before making online complaint)

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DCWL UNLICENSED RELATIVE HOME INTERVIEW

Name of Analyst:

Date of Visit:

Agency being reviewed:

Agency License #:

Who was interviewed:

of Foster Children Currently in Home:

Length of time relatives have been placed in the home:

of Biological/Adopted Children Currently in Home:

Relative's Last Name:

Who currently lives in the home and what is their role? (Include who they are and if applicable the agency who holds case responsibility)

2. Did you notice any health/sanitation risks/concerns? Y N

a. If YES, please describe:

b. Was there a safety alert created? Y N

If yes, which level? Immediate Concern

Urgent Critical

3. Did you notice any safety risks/concerns? Y N

a. If YES, please describe:

b. Was there a safety alert created? Y N

If yes, which level? Immediate Concern

Urgent Critical

1. Are there sufficient beds/cribs for all household members? Y N

2. Are there infants currently placed in the home? Y N

If YES to 6, did you observe if safe sleep practices are being followed?

Y N NA

b. Does the crib have a drop side? Y N NA

3. Were the play spaces appropriate? Y N

If no, describe:

4. Is the home wheelchair accessible, if necessary for household members? Y N

N/A

How long has the child(ren) been placed in your home? (round to nearest month(s))

6. Are there foster children in the home 14 years old and/or older? Y N

If No, proceed to #8.

a. If YES, do they work on life skills with the children? Y N

b. Describe how life skills are worked on:

7. Ask the relative(s) the following regarding licensure:

a. Was the process for licensure offered to you? Y N

b. Are you becoming licensed? Y N

If yes, what agency is handling licensure?

c. Are you satisfied with the licensing process?

Ask the relative if they are aware of the following assistance:

Ineligibility Grant (FIP)	Y <input type="checkbox"/> N <input type="checkbox"/>
F.I.G (Family Incentive Grant)	Y <input type="checkbox"/> N <input type="checkbox"/>
Daycare Assistance	Y <input type="checkbox"/> N <input type="checkbox"/>

Ask the relative(s) the following:

How often does the foster care worker visit your home?

b. Does the worker make unannounced visits? Y N NA

If YES, how often are the unannounced visits?

Does the worker speak to the children alone during each visit?

e. Does the worker observe the children's bedrooms at each visit? Y N

When the child was initially placed in your home did the worker visit the child

more often than once per month? Y N NA

Do you have any additional comments/feedback regarding the visits?

Ask the relative(s) the following:

a. Does the child have parenting time? Y N NA

Are the foster children receiving outside services?

Y N

c. List the services the children are receiving: NA

d. Do you believe the children are receiving all the services they need? Y N

e. If NO, Explain: NA

Do you discuss the children's current and needed services with the foster care

worker? Y N

Are you satisfied with the referrals and services you receive for the children in your home?

Y N

If no, describe:

Did the agency provide you with all known information at the time of placement?

Y N

Do you have a medical passport for each of the children currently placed in

your home? Y N

Do you have a medical authorization card for each of the children currently

placed in your home? Y N

When did you receive the medical authorization card?

Do you have a Medicaid card or Medicaid number for each of the children

currently placed in your home? Y N

Ask the relative the following regarding the child(ren)'s treatment plan(s):

a. **Did you sign the treatment plan?** Y N

13. **Are you notified of the court hearings regarding the child welfare case?** Y N

14. **Are you notified of FTM's** Y N

15. **Overall do you feel supported by the agency?** Y N

Analyst Comments:

In advance of the on-site inspection, the following information must be provided to the licensing consultant by (30 days out):

List of all staff, with employee ID, position title and dates of hire. Please denote any employees who have been promoted within the last year.

List of all volunteers and interns.

In advance of the on-site inspection, the following information must be provided to the licensing consultant by (one week prior):

Foster Care

List of all children placed in:

Licensed foster homes, including placement dates, name of foster parent/s, assigned foster care worker, and MISACWIS Case ID Number.

Unlicensed relative homes and the child(ren's) placement date in the unlicensed relative's home since last inspection.

List of all children placed in parental homes and MiSACWIS Case ID Number. ○

List of any 16-17 year old placed in an adult foster home who are under the supervision of the child placing agency.

- Unlicensed/unrelated caregiver home, including the placement date, caregiver name, and MiSACWIS Case ID Number.

List of all foster children whose sibling groups were split, including the names of the foster parent/s they were placed with and MISACWIS Case ID Number.

List of all foster children who have had three or more placements since coming under the Department's supervision and MISACWIS Case ID Number.

List of foster children who have been truant for more than one hour since the last inspection and MISACWIS Case ID Number.

List of all children currently placed in a residential treatment and MISACWIS Case ID Number.

List of all children who have been available for adoption for more than one year, for whom no adoptive family has been identified and MiSACWIS Case ID Number.

Denote all foster children with documented Native American heritage and MiSACWIS Case ID Number.

List of all children placed in foster homes who have been discharged from care since the last inspection, the discharge date and MiSACWIS Case ID Number.

List of all unlicensed relative homes who have been given a waiver to not be licensed, since the last inspection.

Include MiSACWIS ID numbers, Person ID numbers, and Provider ID numbers for all families and children.

Certification:

List of all licensed foster homes and date of current license. ***Denote all foster homes who have more than 3 foster children placed, or have more than a total of 6 minor children in the home.***

List of all licensed foster homes closed since the last inspection and the closure date.

List of all borrowed foster home placements and the date of the borrowed bed agreement.

List of all special evaluations completed since the last inspection.

List of all foster parents who have been placed on central registry since the last inspection. ***Copies of the accompanying special evaluation report must be provided to the consultant at the time of the on-site inspection.***

List of all special evaluations completed since the last inspection, in which citations were issued involving corporal punishment. ***Copies of these evaluation reports must be given to the consultant at the time of the on-site inspection.***

Include MiSACWIS ID numbers, Person ID numbers, and Provider ID numbers for all families and children.

Independent Living

List of all youth in independent living placements, supervised directly by the facility, and placement date; include the youth's MiSACWIS Case ID Number.

List of all youth who have been discharged from independent living placements, the date of discharge and MiSACWIS Case ID Number.

Young Adult Voluntary Foster Care (YAVFC):

List of all youth in YAVFC supervised directly by the facility, the date of YAVFC status, placement type, and the youth's MiSACWIS Case ID Number.

List of all youth who have been discharged from YAVFC, the discharge date and the young adult's MiSACWIS Case ID Number.

Adoption:

- List of all applicants who have been evaluated and approved to adopt a child by the agency since the last inspection.
- List of all applicants who have been denied to adopt a child by the agency since the last inspection.
- List of all child adoption assessments completed since the last inspection.
- List of all children placed for adoption since the last inspection (OTR for MDHHS and other domestic adoptions) with dates of adoption.
- List of all children available for adoption. Please indicate date that termination of parental rights occurred and when case was assigned to agency. Denote children who have been available for adoption for more than 12 months.
- List of all child adoption assessments completed by the agency since the last inspection.
- List of all adoption cases in supervision (not finalized)

Include MiSACWIS ID numbers, Person ID numbers, and Provider ID numbers for all foster parents, adoptive parents, and unlicensed relatives.

The following materials are needed for the on-site inspection:

- Verification/documentation that all safety alerts identified by DCWL foster home analysts have been resolved.
- Copy of current DHHS contract available for review, if applicable.
- Copy of the current budget.
- Copy of the current organizational chart, including staff ratio of supervisors to social services staff and caseload size for each social services staff.
- List of all training records for staff, volunteers, and interns.
- Copies of CWTI transcripts for all foster care case management staff hired since the last inspection.
- Copies of all policies that have been changed since the last inspection must be provided to the DCWL consultant. Complete policy manual must be available during inspection.
- An update on the implementation of the Adoption Foster Care Recruitment and Retention Plan.
- Copy of the annual assessment and verification of the agency's compliance with the DCWL rules (400.12207.2.a)

Items needed specifically related to Fingerprints:

Please complete the attached SRM 200: Security Awareness Training (SAT) spreadsheet. Include the names of all employees who have access to criminal record history information (CHRI) and date hire; directors, program managers, licensing and adoption supervisors and workers and support staff. Also list employees with access to CHRI who were terminated or left employment with the agency since the last licensing inspection.

Email the completed spreadsheet to DCWL Departmental Analyst, Sarah Gorby (gorbys@michigan.gov) and Departmental Tech, Adonis Davis (davisa11@michigan.gov) no later than 14 days prior to the onsite-licensing inspection.

DHHS offices only: Copies of the Employee Departure Checklist (DHHS-50).

Written facility policy and procedure for compliance with SRM 200, Fingerprints. Policy and procedure must include description of: who will be deemed authorized personnel to have CHRI access; how staff will be screened and trained; how the facility will terminate an employee's access to CHRI at the end of employment; instructions to staff that CHRI will not be emailed or entered into MiSACWIS in any other place than the secure criminal history hyperlink; requirements for dissemination, transport, and disposal of CHRI. The policy must include identification of the controlled area where CHRI will be stored, secured and personnel who will have access to the controlled area.

If you have any questions, please feel free to contact me at _____.

Sincerely,

Updated: 04/09/2018

Attachment 41: Acknowledgement of Appeal Rights (CWL-4617-CPA-CCI)

ACKNOWLEDGEMENT OF APPEAL RIGHTS (CPA-CCI)		
Michigan Department of Health and Human Services		
Division of Child Welfare Licensing		
SECTION I – To be completed by the Michigan Department of Health and Human Services / Division of Child Welfare Licensing (DCWL)		
Licensee Name	Licensee Designee	
Child Placing Agency (If applicable, specify branch office/location)		
Child Caring Institution (Facility Name)	License Number	
DCWL Field Consultant (print name)	DCWL Area Manager (print name)	
Provisional License Recommendation (select one):		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		
SECTION II – To be completed by licensee		
<p>Instructions: This form notifies the Division of Child Welfare Licensing of your intentions regarding the modification of the license to a provisional status. You must complete and submit this form to your DCWL field consultant along with a corrective action plan that addresses the rule violations cited in the attached report. Regardless of whether you agree to the modification of the license, you must submit an acceptable corrective action plan.</p>		
<p>Pursuant to the Child Care Organizations Act, 1973 PA 116, MCL 722.117a, this form provides notification of a licensee's right to appeal the issuance of a provisional license. The appeal process consists of the following:</p>		
<ul style="list-style-type: none"> • The licensing report recommending modification to a provisional status will be referred to the Division of Child Welfare Licensing, Disciplinary Action Unit. • A Notice of Intent to Modify license to a provisional status will be mailed to the licensee. • You may choose to appeal the Notice of Intent to Modify license. If no written appeal is received by the Disciplinary Action Unit within 30 days of receipt of the Notice, the license will be modified. • If appealed, the licensee has a right to a compliance conference and an administrative hearing regarding the modification of the license. Notice of the compliance conference will be provided to the licensee by the Disciplinary Action Unit. 		
<p>I understand that a recommendation to modify my license to a provisional status will be made to the Division of Child Welfare Licensing due to findings of a recent inspection.</p>		
<p>Select one option below:</p>		
<input type="checkbox"/> I hereby waive the above provisions of MCL 722.117a. I understand that my license will be modified upon receipt of an acceptable corrective action plan to the provisional status specified above.		
<input type="checkbox"/> I do not waive the provisions of MCL 722.117a and understand that the recommendation for a provisional license will be referred to the Division of Child Welfare Licensing, Disciplinary Action Unit to initiate a Notice of Intent to Modify license.		
Licensee Signature	Print Name	Date
<small>AUTHORITY: 1973 PA 116</small>		<small>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</small>

CWL-4617-CPA-CCI (10-18)

Attachment 42: Acknowledgement of Appeal Rights (CWL-4617-FH)

ACKNOWLEDGEMENT OF APPEAL RIGHTS (FH) Michigan Department of Health and Human Services Division of Child Welfare Licensing		
SECTION I – To be completed by the child placing agency (This section must be completed prior to providing the licensee this form).		
Licensee Name	License Number	
Provisional License Recommendation (select one):		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		
Child Placing Agency		
Certification Worker (print name)	Certification Supervisor (print name)	
SECTION II – To be completed by licensee		
Instructions: This form notifies the Division of Child Welfare Licensing of your intentions regarding the modification of your license to a provisional status. You must complete and submit this form to the child placing agency along with a corrective action plan that addresses the rule violations cited in the agency's report. Regardless of whether you agree to the modification of your license, you must submit an acceptable corrective action plan.		
Pursuant to the Child Care Organizations Act, 1973 PA 116, MCL 722.117a, this form provides notification of a licensee's right to appeal the issuance of a provisional license. The appeal process consists of the following:		
<ul style="list-style-type: none"> • The special evaluation report recommending modification to a provisional status will be referred to the Division of Child Welfare Licensing, Disciplinary Action Unit. • A Notice of Intent to Modify license to a provisional status will be mailed to the licensee. • A licensee may choose to appeal the Notice of Intent to Modify license. If no written appeal is received by the Disciplinary Action Unit within 30 days of receipt of the Notice, the license will be modified. • If appealed, the licensee has a right to a compliance conference and an administrative hearing regarding the modification of the license. Notice of the compliance conference will be provided to the licensee by the Disciplinary Action Unit. 		
I understand that a recommendation to modify my license to a provisional status will be made to the Division of Child Welfare Licensing due to findings of a recent special evaluation.		
Select one option below:		
<input type="checkbox"/> I hereby waive the above provisions of MCL 722.117a. I understand that my license will be modified upon receipt of an acceptable corrective action plan to the provisional status specified above.		
<input type="checkbox"/> I do not waive the provisions of MCL 722.117a and understand that the recommendation for a provisional license will be referred to the Division of Child Welfare Licensing, Disciplinary Action Unit to initiate a Notice of Intent to Modify license.		
Licensee Signature	Print Name	Date
Licensee Signature	Print Name	Date
Licensee Signature	Print Name	Date
AUTHORITY: 1973 PA 116 COMPLETION: Required		The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.
CWL-4617-FH (10-18)		

Attachment 43: DRAFT Disciplinary Action Unit Denial/Revocation Checklist (CWL-4618)

DISCIPLINARY ACTION UNIT DENIAL/REVOCATION CHECKLIST		
Michigan Department of Health and Human Services		
Division of Child Welfare Licensing		
SECTION I: RECOMMENDATION		
<input type="checkbox"/> Denial	<input type="checkbox"/> Provisional	<input type="checkbox"/> Revocation
<input type="checkbox"/> CWL-3889, Children's Foster Home License Application	<input type="checkbox"/> Closing CWL-259, Special Evaluation Record	<input type="checkbox"/> Current CWL-4005, Special Evaluation Report
<input type="checkbox"/> CWL-3130, Initial Foster/Adoption Home Evaluation	<input type="checkbox"/> CWL-4005, Special Evaluation Report and supporting documents	<input type="checkbox"/> Prior CWL-4005, Special Evaluation Reports
<input type="checkbox"/> CWL-3708, Children's Foster Home Licensing Transaction Record	<input type="checkbox"/> Signed CWL-4817-FH, Acknowledgement of Appeal Rights (FH) or short description of attempts to obtain 4817 & FP refusal.	<input type="checkbox"/> Previous Corrective Action Plans
<input type="checkbox"/> Relative Denial Memo (if applicable)	<input type="checkbox"/> Approved CAP (any refusal to submit a CAP must recommend revocation)	<input type="checkbox"/> Most Recent Renewal Application
<input type="checkbox"/> All CWL-1328's Licensing Clearances and Results		<input type="checkbox"/> Foster Parent Correspondence/Written Response
Mail denial documents to your assigned DCWL support staff; do not email denial documents	**Submit provisional recommendation documents to MDHHS-DCWL-259@michigan.gov **	**Submit revocation recommendation documents to MDHHS-DCWL-259@michigan.gov **
SECTION II: CPA INFORMATION		
Licensing Supervisor	Email	
Licensing Worker	Email	
SECTION III: APPLICANT/LICENSEE DEMOGRAPHIC INFORMATION		
Name	License Number	
Cell Phone	Email	
Applicant Placement Criteria	<input type="checkbox"/> Unrelated <input type="checkbox"/> Relative <input type="checkbox"/> Both	
Licensee Placement Criteria (Select all that apply)	<input type="checkbox"/> Unrelated <input type="checkbox"/> Relative <input type="checkbox"/> Both	
SECTION IV: STATUS OF CHILDREN IN APPLICANT/LICENSEE HOME		
Are Children Currently Placed in the Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, proceed to Section V.	
Is Placement Court Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanency Plan	<input type="checkbox"/> Adoption <input type="checkbox"/> Reunification <input type="checkbox"/> Guardianship	

SECTION V: FOSTER CHILD(REN) DEMOGRAPHICS (also include children removed as a result of this recommendation.)

Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB

SECTION VI: LICENSEE SUPPLEMENTAL INFORMATION (if applicable)

Is License to Expire within 60 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CWL-3889 renewal application must be sent to licensees even when revocation is requested		
Expiration Date of License	Date Renewal Application Sent	Date Renewal Application Received

SECTION VII: UPLOAD SUPPORTING DOCUMENTS RELATED TO DISCIPLINARY ACTION

(Check which applicable supporting documents were uploaded/provide location in MiSACWIS)

	MiSACWIS Location (specify which tab)
<input type="checkbox"/> Photographs/Videos	
<input type="checkbox"/> Applicant/Licensee Medical Reports	
<input type="checkbox"/> Applicant/Licensee Mental Health Reports	
<input type="checkbox"/> Children's Medical/Mental Health Reports	
<input type="checkbox"/> Police/Court Records	
<input type="checkbox"/> Signed Applicable Policies	
<input type="checkbox"/> Previous CPS Reports Not Available in MiSACWIS (Pre-2014)	
<input type="checkbox"/> Financial Documents	
<input type="checkbox"/> Written Safety Plan	
<input type="checkbox"/> Text/Social Media/Email Screenshots	
<input type="checkbox"/> Other Source Documents	

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Attachment 44: DAU Clerical Processes and Procedures- Receiving and Assigning New DAU Case Files

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT
Revised: 11/2018

Receiving and Assigning New DAU CASE FILES

DAU cases come from the Child Placing Agencies to the DCWL Organization Support Unit, who forwards the documents for any license deemed to be denied or a revocation to the DAU secretary.

Enter the name of the licensee or applicant in the DAU log located in the S Drive, including the first and last name, license number and date of logging. *Example:*

Licensee	License No.	File Prepared
SMITH, Mary Anne	CF000000000	09/10/2018

Prepare a red file, labeling it with the name and license number of the licensee or applicant.

The file goes to the DAU Supervisor, who is to assign the file to one of the DAU analysts.

When the file is returned to the secretary, with the assigned analyst's name on the file, the secretary goes to the DAU log located in the S drive and indicates the analyst's name, date assigned and the date that a response is due (which is 45 days from the date of assignment). *Example:*

Licensee	License No.	Analyst	File Prepared	Date Assigned	45 Day Due Date
SMITH, Mary Anne	CF000000000	Gretchen	06/04/2018	09/10/2018	10/25/2018

A label with the 45 days due date is affixed to the front of the file.

Record in BITS: BITS entry is made under events: DU "Analyst Assigned" is entered and the analyst's name is entered in the comments box. Use the BITS coding for the assigned analyst in this entry.

Give the file to the assigned analyst.

The secretary adds the DAU log information when opening a file to the **CWL Cases2 log** (S Drive log, Disciplinary Action), a log that is to be maintained by the DAU analysts, also.

Current BITS coding for DAU staff:

Kelly Maltby	040008
Sara Nelson	040016
Kyla Sabin	040017
Gretchen Lain	070033

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing

DISCIPLINARY ACTION UNIT (DAU)

Revised: 11/2018

NOTICES OF INTENT (NOI)

Division Director signs the NOI and gives to the DAU secretary for final processing.

If the **NOI is a REVOCATION**, the DAU Secretary:

Returns the file with the Compliance Conference request. The DAU analyst will designate the date, time and location/teleconference call for the compliance conference meeting.

Upon receiving this information, the secretary will prepare an OUTLOOK notice for the DAU log calendar and will insert information into the NOI, Compliance Conference notice section with this information.

The NOI is maintained in the S Drive/Disciplinary Action in the file entitled "NOI- CFC". Retrieve the NOI from this file, complete the NOTICE OF COMPLIANCE CONFERENCE and PROOF OF SERVICE, which you will print to accompany the NOI (this makes the document full and complete). Return the completed NOI back into this file.

Most all compliance conferences are conducted by teleconference call. Teleconference information for DAU staff is as follows:

a. DAU- KELLY MALTBY

The analyst, Kelly Maltby, will be conducting this compliance conference from her Lansing office. Please call 888-808-6929, then access #1737487.

b. DAU- SARA NELSON

The analyst, Sara Nelson, will be conducting this compliance conference from her Lansing office. Please call 888-808-6929, then access #1737487.

c. DAU- KYLA SABIN

The analyst, Kyla Sabin, will be conducting this compliance conference from her Lansing office. Please call 888-808-6929, then access #1737487.

d. DAU- GRETCHEN LAIN

The analyst, Gretchen Lain, will be conducting this compliance conference from her Lansing office. Please call 888-808-6929, then access #1737487.

This information can be cut and pasted onto the Notice of Compliance Conference within an NOI.

5. Proof of Service of the NOI must be completed.

If the **NOI is a DENIAL**, no compliance conference is scheduled, so don't complete a Notice of Compliance Conference. The NOI can be processed out once it has been signed and given to the secretary by the director.

Proof of Service of the NOI must be completed for both types of NOIs.

The processing procedure is:

The DAU secretary makes two BITS entries:

For **REVOCAION**: Enter NOTICE OF INTENT signed by the director, entering the actual date of the NOI and in the comment box: "Compl Conf" with the date and TELECONFERENCE. If there is going to be face-to-face conference, then the location of the compliance conference and date/time is included, AND Notice of Intent served entry is also made.

For a **DENIAL** NOI: Both BITS entries are made, but nothing is stated in a comment box, which remains blank, regarding any compliance conference (there is no compliance conference when the NOI is a denial) AND Notice of Intent served is also made.

DAU log (in the S Drive/Disciplinary Action) is updated with the rules/regulations for each count cited in the NOI given. *See the example below.*

The ORIGINAL Proof of Service of the NOI, which the secretary will sign, remains with the DAU file. A copy of the Proof of Service is made to be included with the NOI document that is being mailed out. CERTIFIED MAIL to the licensee for the original NOI. Regular 1st class mail, USPS, to the agency or MDHHS office involved in the action

Email a scanned copy of the NOI and email to Cathe Hoover and Jessica Bodell, MDHHS Policy and Program Office, IF the action involves relatives (which the DAU analyst will have to indicate to the DAU secretary).

Example of log entry for an NOI in the S Drive DAU log.

License	License No.	Assigned To	Date Rec'd	Date Assigned	Due
SMITH, Mary	CF000000000	Kelly	11/06/2017	11/16/17	1/13/18
Date signed Director	Type of Action	Comments	Violation Count 1	Violation Count 2	Violation Count 3
2/3/18	DENIAL		R400.9201	R400.9206	R400.9206

Attachment 46: DAU Clerical Processes and Procedures-30 Day Appeal Letters

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

30 DAY APPEAL LETTERS (prepared by the DAU analyst)

The DAU analysts will prepare a letter to a licensee that gives a 30-day appeal within the letter for the licensee to respond to the analyst. The DAU secretary receives such a letter to process out by following this procedure:

Give to the director for signature. Once the letter is signed and returned to the secretary:

Make notation in the S Drive DAU log by entering “30-day letter 9-9-18” (the date of the letter) on the line where the action is located. Shade such entries in green.

Make notation in BITS as “Document Sent” and in the comment box will enter “30-day appeal letter.”

EXAMPLE of DAU log (S Drive) entry:

Licensee	License #	Assigned to	Date Received	Date Assigned	Due Date	Date Signed by CR	# of days for completion	Deadline	Type of Action	Comments
SMITH, Mary	CF000000000	Kyla	05/11/2018	05/11/2019	06/28/2018					30 day 7-19-2018

The letter is certified mailed to the licensee with a copy of the letter being sent, by 1st class, USPS mail, to the agency or MDHHS office involved in the action. Return the file to the analyst once all is completed.

Attachment 47: DAU Clerical Processes and Procedures-Requesting Administrative (MAHS) Hearing

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

Requesting Administrative (MAHS) Hearing

(no attorney for licensee and when there is an attorney for licensee)

The analyst receives a request for administrative hearing from the licensee. The analyst then sends the file to the DAU secretary and requests that the Request for Hearing (MAHS) form be prepared and sent to MAHS in the action.

The secretary prepares the Request for Hearing form, which is found in the S drive, Disciplinary Action Unit/Hearing Documents, in subfile CWL 2017-2018:

S:\Bfs\Disciplinary Action Unit\Hearing Documents\CWL 2017-2018

Find a sample of the form – with attorney or without an attorney—and complete your new form in the sections of the form, as the sample demonstrates.

Include the name, etc., of the licensee

Name, etc. of the DAU supervisor

Name, etc. of the DAU analyst

When there is an attorney for licensee, also include sections for:

Name, etc. of licensee's counsel

AG information (Ray Howd).

In box 14 on the Request for Hearing form, if the licensee has counsel representing him/her, you must indicate this information in this box, as well as indicating, on all Request for Hearing forms, when/how the licensee requested an administrative hearing. Did the licensee make request during the compliance conference? Did the licensee send a written communication to the analyst requesting an administrative hearing? This is the information which must be included in box 14.

The Request for Hearing (MAHS), which must have attached to it the action's NOI and the communication, written, from licensee's attorney attesting that the attorney represents the licensee in this action.

SAVE the form in the S Drive herein as: The LAST NAME of the licensee and the last 6 digits of the license number.

Mail this Request for Hearing form, via ID MAIL, to:

Requesting AG Representation
LARA-MAHS, Bureau of Hearings

Ottawa Building
611 W. Ottawa
Lansing

WHEN LICENSEE HAS RETAINED COUNSEL: This should be reflected in the MAHS Request for Hearing form, you must:

Prepare the Request for Attorney General Representation form (DHHS 1216) for the action, which will be sent to the MDHHS Legal Affairs. Found in the S Drive, Disciplinary Action, in file AG Representation Requests, sub-file 2017-18 DCWL:

S:\Bfs\Disciplinary Action Unit\AG Representation Requests\2017- 18 DCWL

A template for the form, DHS 126, is located in this S drive file.

A scanned copy of the entire DAU file must also be made to accompany form DHHS 1216, along with a scanned copy of the Request for Hearing (MAHS), which must have attached to it the action's NOI and the communication, written, from licensee's attorney attesting that the attorney represents the licensee in this action.

The documents are sent to MDHHS Legal Affairs, via email, at MDHHS-AGrepresentation-AP@michigan.gov. The phone number for the MDHHS Legal Affairs is 617-373-2082.

The DAU secretary will indicate in BITS the following information:

DU AG representation requested
DU hearing requested

File, once all is done, is returned to the analyst.

Attachment 48: DAU Clerical Processes and Procedures-DAU Analyst Created Hearing Documents and Miscellaneous Documents

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

DAU ANALYST CREATED HEARING DOCUMENTS and MISC. DOCUMENTS

The DAU analysts will prepare various discovery documents, such a witness lists, exhibit lists, Motions, proposed Settlement Agreements, etc., which the DAU secretary will be requested to send out on the analyst's behalf by certified mail to the licensee.

Prepare the certified card/slip for such a mailing.

Make a copy of the original Proof of Service. Add that copy to the packet being mailed out and retain the original.

To the original Proof of Service, affix the certified slip to the Proof.

Return the Proof to the analyst for the file.

Mail out the packet, certified mail.

The DAU analyst is to make all BITS entries regarding DAU action discovery documents, remission of proposed settlement agreements, etc.

Attachment 49: DAU Clerical Processes and Procedures-Steps to Process Out a MAHS Subpoena

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

STEPS TO PROCESS OUT A MAHS SUBPOENA

The DAU analysts often need to have Subpoenas processed. The Subpoenas are prepared by the MAHS Administrative Law Judge's office and sent to the analyst. The analyst will then give the Subpoena(s) to the DAU secretary to process out. Here are the steps:

See who the Subpoena is addressed to and the address of that witness. Please note WHERE the MAHS hearing is scheduled to take place.

Go to www.mapquest.com to calculate the mileage for this witness. Print out a copy of the map involved. Keep a log (please see the attached). Double the mileage (a witness is paid for a round trip from their address on the Subpoena to the MAHS location). Witnesses are also paid \$12.00 per day as a witness fee. Total the figures together in the log for the total amount that will be due as payment of the witness/mileage fee.

Prepare MDHHS-5602 form. See attached sample.

If the Subpoena is for a MIC-CPS action, forward this form, with a copy of the fee calculation and the Subpoena, to MARY LOU MAHONEY by email. She must sign the MDHHS-5602 form. If the Subpoena is for a standard DAU action, not involving MIC-CPS, the DCWL director must sign the form. Please know that there are two different accounting templates and units for each:

MIC-CPS: SIGMA template: 491xx4442 SIGMA unit: 2BFH

DCWL: SIGMA template: 491xx3614 SIGMA unit: 3HN

When you have the MDHHS-5602 signed, the DAU secretary must also sign. Scan the form, along with the calculations page and the Subpoena. The DAU secretary will email these documents to **InvoiceMDHHS** (MDHHS Accounting office) for processing.

The Accounting office will have State of Michigan warrants prepared in the total amount due to the witness as witness/mileage fee.

Ask in the transmittal email that you be contacted so you can pick up the checks from the Cashier's Office once they are ready. That office is located on the 8th floor of the Grand Tower Building.

Once you have the check, either certify mail out the Subpoena, with the map attached, and the check to the named witness. If there isn't enough time to serve by U.S. Mail, send this to the witness by UPS delivery, using the UPS site to arrange for the pickup. Please check with the DAU supervisor if there's a question about the amount of time to serve the Subpoena.

Always make a copy of what you are sending (Subpoena, map and check) to the witness. Retain a copy for records and make a copy for the DAU analyst. If you are sending all out by certified mail, staple the certified receipt to the DAU analyst's copy of the document.

Attachment 50: DAU Clerical Processes and Procedures-MAHS Notice of Hearing
– Received by DCWL for DAU Actions

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

MAHS NOTICES OF HEARING- Received by DCWL for DAU Actions

All notices from MAHS, including Final Decisions & Orders, etc., are sent to DCWL via the shared electronic mailbox CWL-NOH. Most all MAHS documents come to DCWL via that mailbox from the Administrative Law Judges' (ALJ) offices.

The DAU secretary should be checking this shared electronic mailbox daily.

When a Notice of Hearing (documents with hearing dates come to DCWL under various titles, i.e., Notice of Telephone Prehearing Conference, Order Following Prehearing Conference and Notice of Hearing) comes to DAU, the secretary must enter the date, time and location on the DAU log calendar in OUTLOOK.

Include the assigned analyst in the appointment so he/she will have the information docketed on their calendars.

For all MAHS hearings, only, the DAU supervisor's calendar must also be docketed, so include the supervisor on these occasions.

Attach the MAHS scanned document to the DCWL Outlook posting.

NOTE: On documents such as the "Order Following Prehearing Conference and Notice of Hearing" includes many deadlines imposed by the ALJ. The DAU secretary is to docket the MAHS hearing date, time and location. The analyst can do whatever they wish to do regarding all other dates and deadlines in an action.

Send the original email from MAHS, with the document attached, to the assigned analyst so he/she can either make a copy for their files or send it on to other parties in the action that they want to have notice.

SAMPLES of MAHS documents attached.

Attachment 51: Management Directive Letter (MDL) 14-001 Expunction and Administrative Hearings Procedure, Revised 07.03.18 and Disciplinary Action Unit – Administrative Hearing Transfer Checklist

Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure

STEP	ACTION	PERSON RESPONSIBLE
Notification of request for Central Registry expunction	<ul style="list-style-type: none"> • Within one day of receipt, the request is to be date stamped as being accepted - the local county office may have already date stamped when they received but CPS-MIC must also date stamp for our records • If a request received where the petitioner is requesting a review for an expunction AND a hearing is denied for expunction: <ul style="list-style-type: none"> >- The 30 day timeframe to review for expunction starts on the date DHHS receives the letter of request. >- If the expunction is denied, the 15 day timeframe to request a hearing starts on the date the Child Abuse/Neglect Action DHS-1200 form is mailed. 	Assigned CPS-MIC supervisor
Documentation of request	<ul style="list-style-type: none"> • A request for an expunction review is to be completed by a supervisor other than the supervisor who approved the report. • All requests are to be logged into the "Expunction/Administrative Hearings" spread sheet located on the shared drive (S:\OUT_OPS\MIC- Mahoney\Admin Hearings) • Assignment of the expunction reviews will be based on alphabetical order of the CPS-MIC supervisor's last name. If the CPS-MIC supervisor who approved the ISP is up next on rotation, they are to be skipped until the next review is received. • When calculating the due date, it must be 30 days from date of receipt to DHHS (not CPS-MIC) - Please note: this means if the request went to the local office first, that is the date to calculate the 30 days from. 	Assigned CPS-MIC supervisor
Expunction request assignment	<ul style="list-style-type: none"> • The CPS-MIC supervisor, who received the request, must send a copy of the client's written request along with any other documentation provided by the client, to the identified CPS-MIC supervisor completing the review and the CPS-MIC Director. 	Assigned CPS-MIC supervisor

Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure

	<ul style="list-style-type: none"> When sending documentation please also provide the SWSS log and/or MiSACWIS investigation log of the investigation being reviewed. 	
Case Review	<ul style="list-style-type: none"> See policy PSM 717-2 (Amendment or Expunction) The reviewing supervisor is to assess if the case has sufficient evidence to support the dispositional findings and to uphold an administrative hearing. All factors must be considered up to including credibility of witness statements. All supporting evidence provided by the requestor must be reviewed prior to making a determination. Reviewer must look at what the situation was at the time of the incident and determine if we have sufficient evidence to support our findings. 	Reviewing CPS-MIC Supervisor
Collateral Contacts	<ul style="list-style-type: none"> Contact is to be made with the person requesting expunction to discuss the process (especially licensing vs CPS-MIC processes) and any new information that may be pertinent in making a decision. If needed, contact should be made with witnesses to verify their statements. Discussion should include if they are willing to testify as this may have an impact on the expunction decision. If this is a licensed home/facility, case consultation should be held with the licensing/ Division of Child Welfare Licensing (DCWL) investigator to discuss expunction request and their agreement with the expunction decision. 	Reviewing CPS-MIC Supervisor
Expunction decision	<ul style="list-style-type: none"> The reviewing CPS-MIC supervisor is to have a case consultation with the CPS-MIC supervisor who approved the report, to discuss their decision based on the review completed. If there is any disagreement with the reviewer's recommendations, the CPS-MIC Director is to be notified for consultation and final determination. The reviewing CPS-MIC supervisor is to notify the CPS-MIC Director of the expunction. 	Reviewing CPS-MIC supervisor

JL 07/03/18



Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure

	<p>decision 5 work days prior to the 30 day deadline.</p>	
Second Line Review	<ul style="list-style-type: none"> CPS-MIC Director will conduct a second line review and notify both CPS-MIC supervisors of agreement/disagreement of expunction decision. 	CPS-MIC Director
Documentation of second line review and expunction decision	<ul style="list-style-type: none"> CPS-MIC Director is to enter expunction review decision into the "Expunction/ Administrative Hearings" spread sheet located on the Shared Drive (<u>SHAREPOINT CPS-MIC- Mahoney Admin Hearings</u>) 	CPS-MIC Director
DAU notification	<ul style="list-style-type: none"> If the reviewing CPS-MIC manager believes a client should be expunged from central registry AND the case involves a licensed home/facility, contact is to be made with The Division of Child Welfare Licensing (DCWL)- Kelly Maltby (<u>k.maltby-FC@michigan.gov</u>) - (517-284-9706) and Kristine Manion (<u>kmanionk@michigan.gov</u>) - to inform her of the possible expunction. Contact with the assigned DAU analyst is to inform them of the review and discuss any pertinent information from the licensing investigation that may assist in the review process. Any concerns expressed with DHHS decision should be discussed with the DAU manager and CPS-MIC supervisor. If a consensus cannot be made this is to be brought to the CPS-MIC Director's attention for further review. 	CPS-MIC Supervisor DAU manager
Decision notification	<ul style="list-style-type: none"> If the expunction is being denied, the CPS-MIC supervisor who completed the review is to conduct a pre-hearing conference with the person asking for expunction. During this conference the supervisor is to inquire if the person would like the case to go for a hearing. If they decline a hearing the reviewing supervisor is to obtain this in writing <u>indicating</u> they are waiving the hearing process. Within 30 days of receiving the written request for expunction, the CPS-MIC supervisor who approved the investigation is to mail out the Child Abuse/Neglect Action (DHS-1200) 	Assigned CPS-MIC Supervisor

Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure

	<p>form. If this supervisor is no longer w/in the CPS-MIC unit then the supervisor responsible for that region will handle.</p> <ul style="list-style-type: none"> • If the decision is to expunge the records, the amendment or expunction must be completed before the DHS-1200 is mailed to the client and prior to the <u>30 day</u> due date. • If the decision is to deny the request, the reasons for denial must be recorded on the DHS-1200 and the DHS-1200 must be mailed to the client prior to the <u>30 day</u> due date. The DHS-1200 explains the client's right to an administrative hearing. • A copy of the completed DHS-1200 must be filed in the case record to document actions. • If an attorney has sent the notice to CPS-MIC requesting expunction, a DHS 1200 is to be sent to the attorney AND the client. 	
<p>Notification of Administrative Hearing Request</p>	<ul style="list-style-type: none"> • Date stamp the request as being accepted by DHHS • CPS-MIC Supervisor is to enter the information into the "Expunction/Administrative Hearings" spreadsheet located on the Shared Drive (S:\OUT OPS\MIC- Mahoney\Admin Hearings) 	<p>Assigned CPS-MIC supervisor</p>
<p>DHS3050-MAHS notification</p>	<ul style="list-style-type: none"> • The CPS-MIC supervisor is responsible for completing the DHS 3050 and the hearing process. Remember to write "MIC Case" in the upper right hand corner of the DHS 3050. • See Policy PSM 717-3 • Both the CWL analyst and the CPS-MIC supervisor must identify if related case is already pending a hearing with CWL and provide the docket number if known on the DHS 3050. • Notify MAHS on the DHS 3050 to identify the request as a CPS-MIC case. Make sure that the materials have a cover sheet attached that explains this is a CPS-MIC case, what county the client resides in, and that all correspondence pertaining to the case should be sent to the CPS-MIC manager • MARS must be provided the name and contact information for the identified CPS-MIC/ CWL staff. 	

**Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure**

	<ul style="list-style-type: none"> The DHS 3050 is to be completed and all required materials, including the original I200 is to be sent to MAHS: <i>Michigan Administrative Hearing System (MAHS)</i> <i>Benefit Services Division</i> <i>P.O. Box 30763</i> <i>Lansing, MI 48909</i> <i>Tel: (517) 335-7519</i> <i>OR—(DHS) FAX: (517)-763-0155;</i> <i>(DCH) FAX: (517)763-0146</i> MIC supervisor is to maintain a copy of information sent for their records. Update the expunction hearing log to indicate materials were completed and sent. 	
<p>Referral to DAU for Administrative Hearing Request</p>	<ul style="list-style-type: none"> All CPS-MIC hearings, other than day care, will be handled by DAU unless there is an attorney assigned on behalf of the petitioner. CPS-MIC supervisor is to complete the DAU/MIC checklist and make copies of all required documents needed to support dispositional findings. The DHS 3050 and supporting documents should be included in the packet sent to DAU. The completed check list with all supporting documents are to be electronically emailed to Kelly Maltby (MaltbyK2@michigan.gov), Kristine Manion (manionk@michigan.gov) and cc'd to the CPS-MIC Director, within five days of receipt. Original copies of the request are to be filed in the CPS-MIC case file. 	<p>CPS-MIC supervisor</p>
<p>Transfer Case Conference with DAU</p>	<ul style="list-style-type: none"> A conference must be completed with Kelly Maltby at time of transfer to notify DAU of the admin hearing request and to discuss any pertinent case specifics. If needed, DAU and/or CPS-MIC may arrange another case conference as needed. 	<p>DAU Assigned CPS-MIC supervisor</p>

**Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure**

<p>Attorney General Request</p>	<ul style="list-style-type: none"> • If a client has identified they are being represented by legal counsel, the case is not to be transferred to the DAU unit and will be handled by CPS-MIC. • The assigned CPS-MIC supervisor will be responsible for requesting AAG representation. • CPS-MIC Supervisor is to complete a request for AAG representation along with a PDF copy of the case file. Request is to be emailed to: CPSRequests@rel.in.gov • If the request involves a licensed foster facility/home identify on the Attorney General request that this is a joint CWL /CPS-MIC hearing • If CWL has already submitted a request for legal representation and they have a docket number, the CPS-MIC worker is to identify this information on the request for AAG representation. 	<p>CPS-MIC supervisor</p>
<p>Pre-Hearing Conference</p>	<ul style="list-style-type: none"> • DAU will be responsible for completing all pre-hearing conferences for cases assigned to them. CPS-MIC supervisor must participate if requested. • For any hearing being handled by the CPS-MIC unit, the assigned CPS-MIC supervisor is required to schedule a pre-hearing conference with the petitioner, if one was not completed during the expunction process. Please note that CWL and/or the attorney general may conduct separate pre-hearing conferences based upon different requirements 	<p>DAU CPS-MIC supervisor</p>
<p>Preparation for Hearing</p>	<p>Two weeks prior to the set hearing date, DAU will be responsible for setting up a case conference with the assigned CPS-MIC supervisor and worker to discuss the following:</p> <ul style="list-style-type: none"> • <u>Establish coordinated communication</u> between DAU/CPS-MIC during the hearing. 	<p>DAU Assigned CPS-MIC supervisor</p>

**Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure**

	<ul style="list-style-type: none"> • DAU and CPS-MIC to discuss case specific details, ensuring any conflicts are addressed and resolved (for example, <u>discrepancies, timeframes, assessments</u>). • Ensure that witnesses are present to support findings/disposition. 	
Notification of Hearing date	<ul style="list-style-type: none"> • When hearing date is identified - information will be shared with the assigned CPS-MIC supervisor and specialist to ensure <u>their</u> availability • If a CPS-MIC specialist and/or supervisor are unable to attend a hearing, immediate (w/in 24 hours or the next business day) notification is to be made to the DAU analyst. 	DAU analyst
Settlement of expunction	<ul style="list-style-type: none"> • If at any time during the process DAU and/or CPS-MIC supervisor feels there is insufficient evidence/supports to keep the petitioner on CR, consultation must be held with the CPS-MIC Director. • If a settlement is determined after a hearing request has been made the petitioner must complete the waiver of hearing form. DAU/CPS-MIC supervisor is to ensure a copy of the form is filed in the CPS-MIC case records. 	DAU analyst
Hearing Decision	<ul style="list-style-type: none"> • DAU/CPS-MIC supervisor is required to notify the CPS-MIC Director immediately but no later than two business days of notification of Administrative Hearing Final Decision and Order. • The Administrative Hearing Final Decision and Order <u>report</u> is to be sent electronically to the CPS-MIC supervisor <u>and Director</u>. • If DHHS is required to remove the petitioner from Central Registry this is to be completed by the CPS-MIC supervisor within 10 <u>calendar</u> days <u>of receipt</u> of the hearing decision. • If edits are required to the Service Plan this must be amended by the CPS-MIC supervisor to indicate the required action, within 10 calendar days of receipt of the hearing decision. • The CPS-MIC supervisor must complete the DHS-1844 form (Administrative Hearing Order Certification) within ten (10) calendar days and 	DAU Assigned CPS-MIC Supervisor CPS-MIC Director

**Management Directive Letter (MDL) 14-001
Expunction and Administrative Hearings Procedure**

	<p>send it to the Office of Legal Affairs to certify the implementation of the required action(s).</p> <p>v. Office of Legal Affairs 235 S. Grand Avenue, Suite 715 Lansing, MI 48933 <u>Phone</u> (517) 373-2082 <u>Fax</u> (517) 241-7340</p> <ul style="list-style-type: none"> A copy of the Administrative Hearing Final Decision and Order report is to be filed in the CPS-MIC case file and MiSACWIS. 	
Decision Making on all Administrative Hearings	<ul style="list-style-type: none"> The CPS-MIC unit will maintain final control over critical decisions in a case such as to whether to expunge or settle a matter. DAU will have authority over any strategic decisions as to how a matter should be handled. Any disagreements on a decision pertaining to an Administrative Hearing are to be discussed with DAU manager and CPS-MIC Director. If an agreement cannot be made, the matter will be taken to the Business Services Center 5 Director for a final determination. 	DAU Manager CPS-MIC Director
Rehearing/ Reconsideration	<ul style="list-style-type: none"> See Policy 717-3 pg. 8 DAU is to consult with the CPS-MIC Director if a request for a rehearing or reconsideration is warranted. DAU and CPS-MIC Director will collaborate in writing a formal request for a rehearing/reconsideration. 	DAU CPS-MIC Director

***Division of Child Welfare Licensing – Disciplinary Action Unit
Administrative Hearing Transfer Checklist***

CPS-MIC Information

CPS-MIC Supervisor: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

CPS-MIC Investigator: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Petitioner Information

Petitioner Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Case Specifics

MISACWIS Investigation Log: [Click here to enter text.](#)

Date of Disposition: [Click here to enter text.](#)

Date placed on Central Registry: [Click here to enter text.](#)

Family Court Involvement?

Yes

No

Foster Care Worker: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Case involves egregious acts? Yes

No

Licensing

Is this a licensed facility/home? Yes

No

Licensing Consultant: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Licensing Worker: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Licensing Supervisor: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Placement/Facility

Licensed Foster home

License Number: [Click here to enter text.](#)

Licensed Relative

License Number: [Click here to enter text.](#)

Child Care Institution (CCI)

License Number: [Click here to enter text.](#)

Unlicensed Relative

Required Documents Attached

Hearing Summary (3050) Risk Assessment Safety Assessment Police Reports

CPS Investigation Report Green Certification Card Notification of placement on CR

Photographs/Video (if applicable) Medical Reports (if applicable)

Mental Health Reports (if applicable)

Revised 2/1/2018

**Division of Child Welfare Licensing
DAU CLERICAL PROCESSES and PROCEDURES**

CSA/Division of Child Welfare Licensing
DISCIPLINARY ACTION UNIT (DAU)
Revised: 11/2018

CLOSING DAU FILES

A DAU file to be closed will come to the secretary from the DAU supervisor. On each file, the DAU supervisor is to note:

Type of closure (NOI timed out, administrative closure)

The date the closure of the action takes effect.

The secretary must go into the S Drive- Disciplinary Action- CWL Closures and select the type of letter that should be prepared for the director's signature. Within this file, there are two sub-files- NOI and Admin close - from which to choose, via the notations made on the file by the supervisor: S:\Bfs\Disciplinary Action Unit\CWL CLOSURES 2017-18

Select a letter, whatever is applicable, and modify it to fit the file you're closing, adhering to the instructions from the DAU supervisor noted on the file. Save the letter to the sub-file you are using giving the licensee's last name and the last 6 digits of the license, indicating the type of closure letter it is. *Example:*

SMITH 000000000CF revoke

Print the final letter for the director's signature. Once the letter is signed by the director, the DAU secretary will process all out by:

Move the file name in the S Drive DAU log from the active spreadsheet to the closed spreadsheet.

Send the original letter, by certified mail, to the licensee.

Send a copy of the letter, 1st class mail USPS, to the agency or MDHHS office licensing supervisor involved in the action.

Affix a CLOSED sticker to the file and then file it in DAU Closed files.

Please be sure that the DAU supervisor has made the BITS entry for closure of the file.

DAU
Closing a file

DAU log: Secretary moves entry of action from ACTIVE log sheet to the CLOSED log sheet.

BITS entry by DAU Supervisor only

Certified mailing to LICENSEE. Regular USP mailing to Agency or MDHHS office involved in the action.

INSUFFICIENT EVIDENCE LETTERS are prepared only by the DAU analysts. The proposed letter will come to the secretary for signature by the director. Once the director has signed, process the letter. Affix a CLOSED sticker to the file. Check BITS to be sure that an entry has been made by the DAU supervisor for “non-sufficient evidence”. If this has not been done, return the file with the closed sticker to the DAU supervisor with a note to make the BITS entry.

CLOSING A FILE that is closing due to the arrival of a final dispositional Order of MAHS: No letters are required to be prepared to go out on such files. Complete process for closing a file regarding a DAU log entry, affixing a CLOSED sticker to the file and filing in DAU Closed files. Ensure that the DAU supervisor has made entry in BITS regarding this closure. If this has not been done in BITS, return the file with the closed sticker to the DAU supervisor with a note to make the BITS entry before the file can go into storage.

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

Purpose:

The Michigan Department of Health and Human Services (MDHHS) reviews at reasonable, specific, time-limited periods the amount of payments made for foster care maintenance to Child Caring Institutions and Child Placing Agencies to assure their continued appropriateness to ensure compliance with the Social Security Law [42 U.S.C. 671] Section 471(a)(11) [implementation requirements at 45 CFR 1356.20(m)(1)].

Note: This policy does not address payments for foster and relative care providers, which is described in Action Transmittal 2009-001. Also, this policy does not address payments for adoption assistance, which is described in the MDHHS Adoption Subsidy Manual.

Definitions:

Bureau of Audit (BA)

A Bureau within the Michigan Department of Health and Human Services (MDHHS), Financial Operations Administration, that provides audit and support services.

Child Caring Institutions (CCI)

Agencies contracted with and funded by the Michigan Department of Health and Human Services to provide foster care services in structured residential settings appropriate to the youth's needs.

Child Placing Agencies (CPA)

Agencies contracted with and funded by the Michigan Department of Health and Human Services to provide foster care services including placement of youth, recruitment and retention of foster homes, and all required services to children and families.

Children's Services Agency (CSA)

An Agency within the Michigan Department of Health and Human Services (MDHHS) that oversees foster care services.

Division of Child Welfare and Licensing (DCWL)

A Division within the Children's Services Agency that licenses and monitors public and private child caring institutions and child placing agencies among other things.

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

Policy:

Periodic Rate Setting:

MDHHS will periodically calculate statewide cost based per diem payment rates by the various contract types for Child Caring Institutions (CCIs) and Child Placing Agencies (CPAs) that contract with MDHHS to provide foster care and residential services, and they will be based on cost reports and service data submitted by the CCIs and CPAs. The cost reports from the FYE that ended 2 years prior will be used, and appropriate adjustments for things such as changes to foster care worker caseload ratios, a coverage or relief factor for certain staff, utilization, and inflation may be incorporated. MDHHS will also consider cost trends identified through annual rate monitoring in setting the rates. The calculation and requests for budgetary and legislative approvals will occur every three years at a minimum beginning in 2020 with approved rates becoming effective with FYE 2021 contracts.

Rate Monitoring:

Annually, MDHHS will compare current payment rates to rates calculated based on cost report data using the Rate Monitoring Tool to determine the continuing appropriateness of rates paid to providers. An inflation factor will be incorporated into the cost report data to equate it to the current time period. If rates paid deviate significantly from rates calculated based on provider costs, MDHHS may seek budgetary and legislative approval to adjust the rates so they more accurately reflect provider costs.

Cost Report Reviews/Audits:

MDHHS will review the accuracy of cost report data that is used to calculate statewide cost based per diem payment rates and used in the Rate Monitoring Tool. This review consists of two components. First, when cost reports and service data are received and entered into the Rate Monitoring Tool, the data is reviewed for outliers with corrections made. Then, a risk assessment is completed to identify providers/cost reports in need of a comprehensive review/audit. Any misreporting identified in the review/audit is corrected in the Rate Monitoring Tool. Also, the corrected information is used in the rate setting process.

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

Procedures:

Who	When	What
		COLLECT ANNUAL COST REPORTS
Children's Services Agency (CSA)	October	<ol style="list-style-type: none"> 1. Provides list of Child Caring Institution (CCI) and Child Placing Agency (CPA) Contractors from previous fiscal year to Bureau of Audit (BA). List will include the following detail to allow tracking receipt of cost reports (including Juvenile Justice information): <ol style="list-style-type: none"> a. Agency Name b. Legal Name c. License Number(s) d. Contract Number(s)
Bureau of Audit (BA)	November - January	<ol style="list-style-type: none"> 2. Retrieves e-mailed cost reports from dedicated e-mail address. 3. Verifies appropriate cost report(s) are received from the Contractor such as one cost report for each license; and each cost report contains all contracts, Federal ID number, agency reporting information, and authorized signature/attestation. 4. Saves electronic cost reports to shared drive. 5. Logs receipt of cost reports on tracking log. 6. Follows up on delinquent cost reports to ensure receipt. 7. Extends due dates of cost reports for valid reasons and informs CSA of any extension. 8. Initiates contractually-allowed penalty provisions for late cost reports when deemed appropriate. This will consist of a referral to CSA who will inform the provider of the penalty and CSA will ensure collection of the penalty. CSA will notify BA of the outcome, and when the cost report should be received.
		REVIEW COST REPORTS AND SERVICE DATA FOR OUTLIERS
BA	December - February	<ol style="list-style-type: none"> 1. Reviews cost reports and service data to identify potential errors or outliers. The following are examples of items reviewed for: <ol style="list-style-type: none"> a. License b. Contract(s) c. Completed revenue and expense data d. Indirect costs

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

		<ul style="list-style-type: none"> e. Statistical information (e.g. days care, children served) 2. Follows up with agencies on potential errors and outliers, and requests corrected cost reports to be submitted. 3. Follows up to ensure corrected cost report is received.
		IMPORT COST REPORT INFORMATION AND SERVICE DATA INTO RATE MONITORING TOOL AND CALCULATE RATES BASED ON SUBMITTED COST REPORT INFORMATION
BA (With contractor assistance as needed)	By March 31	<ul style="list-style-type: none"> 1. Place cost report and service data into the "backsheet" of the Rate Monitoring Tool; and import into one master worksheet for both CCI and CPA service types. 2. Using the Rate Monitoring Tool, calculate rates from the <i>submitted</i> cost reports using the same model budget structures used to calculate the current payment rates. 3. Incorporate an inflation factor into the rate calculation that is based on previous year cost report data to equate it to the current time period to compare the calculated rates based on previous year cost reports to current payment rates. 4. Compare the cost reports and calculated rates to the costs assumed in the current payment rates (staffing levels, salary levels, other costs) and adjust cost report data where necessary to make accurate comparisons (such as when certain assumptions built into the current payment rate have not yet been implemented). 5. Provide a Summary Comparison Schedule of Payment Rates to Calculated Rates Based on Cost Report Submissions to CSA for their information and reference. (This is based on <i>submitted</i> cost report information. A version based on <i>audited</i> cost report information will be provided by May 31 of the following year.) 6. Use data for completing a risk assessment to identify providers/cost reports in need of a comprehensive review/audit (addressed in detail below).

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

		COMPLETE RISK ASSESSMENT TO IDENTIFY AUDITEES
BA	By March 31	<p>1. Complete a risk assessment based on cost report information to identify providers/cost reports in need of a comprehensive review/audit (that will be completed during the 12 month period 4/1 – 3/31). Since it is not possible to audit 100% of providers and contracts, audit resources will be dedicated to those providers that appear to pose the most significant risk of non-compliance with respect to fiscal reporting. The following are potential factors considered in the risk assessment:</p> <ul style="list-style-type: none"> a. External Financial/Single Audit Results b. BA Audit Results c. Indirect Costs d. Contract Revenue e. Previous Experience Administering Program f. Contract/Licensing Issues g. CSA Assessment h. Division of Child Welfare and Licensing Assessment
		PERFORM AUDITS OF PROVIDER COST REPORTS BASED ON ASSESSED LEVEL OF RISK
BA	April 1–Mar 31 (Beginning 6 months after cost report end date and continuing for a 12 month period)	<p>1. Perform audits of provider cost reports based on established protocol. Protocol includes the following:</p> <ul style="list-style-type: none"> a. Advance notice to provider unless otherwise deemed appropriate. b. Scope to generally focus on proper cost and service data reporting (items that impact rate calculation). c. Entrance meeting with provider to discuss process and plans. d. Exit meeting with provider to discuss preliminary results of audit. e. Issuance of a Preliminary Analysis (draft report) to the provider. f. Required provider response with a corrective action plan for any findings and comments and recommendations. g. Issuance of a Final Audit Report that incorporates the provider response (corrective action plan).

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

		<ul style="list-style-type: none"> h. Posting of Final Audit Report on internet. 2. Update information in Rate Monitoring Tool based on audited costs (remove unallowed items and make any other necessary changes). 3. Provide Final Audit Reports, including provider corrective action plans, to the Division of Child Welfare Licensing (DCWL) for use in contract compliance monitoring. 4. Assist DCWL, as needed, in interpreting audit findings and status of corrective actions.
Division of Child Welfare Licensing (DCWL)	Ongoing	Implement appropriate licensing and/or contract adverse actions related to the audited provider depending on various factors such as: the significance of audit issues identified, the ability/willingness of the provider to take corrective action, the recurrence of findings, and other noted contract violations.
CSA	Annually by May 31	Review all audit findings for common themes and identify issues/action items to address performance issues.
		UPDATE COST REPORT INFORMATION AND SERVICE DATA IN RATE MONITORING TOOL AND CALCULATE RATE BASED ON AUDITED COST REPORT INFORMATION
BA	Annually By May 31 (In time for rate change consideration)	<ul style="list-style-type: none"> 1. Update data as needed in Rate Monitoring Tool based on <i>audit results</i> so rate calculations are accurately calculated based on the audited information. 2. Using the Rate Monitoring Tool, calculate rates from the <i>audited</i> cost reports using the same model budget structures and adjustments (such as staffing levels, supervisory levels, staff salaries, occupancy rates, etc.) used to recommend the current payment rates. 3. Provide a Summary Comparison Schedule of Payment Rates to Calculated Rates Based on Audited Cost Reports to CSA for their information and reference.
		RATE MONITORING
CSA	By June 30	1. Annually, compare current payment rates to rates calculated based on cost report data using the Rate Monitoring Tool to assess the continuing appropriateness of rates paid to providers. The Summary Comparison Schedule of Payment Rates

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

		<p>to Calculated Rates Based on Audited Cost Reports completed and provided by BA should be used for this comparison.</p> <p>2. If payment rates deviate significantly from rates calculated based on provider costs, CSA will further explore reasons for the variation and, based on the results, may initiate budgetary and legislative approval via recommendations to MDHHS's executive office, if necessary, to adjust the rates so they more accurately reflect provider costs. Generally, a deviation of 10% or greater whereby payment rates exceed or fall below calculated rates based on audited cost reports would trigger further review and exploration to identify the reasons for the differences. Based upon the results of the review, CSA may work with providers to ensure program expectations are incorporated or may recommend a change in rate with budgetary and legislative approval. If no action is taken, justification will be documented.</p>
		PERIODIC RATE SETTING
CSA	<p>Every 3 years beginning 2020 with rates effective FYE 2021</p> <p>Month of June & Completed by June 30</p>	<p>1. Initiate a formal rate setting process that includes a determination of statewide cost-based per diem payment rates by the various contract types for Child Caring Institutions and Child Placing Agencies that contract with MDHHS to provide foster care maintenance based on cost reports and service data submitted by providers and audited by BA. The rate setting process will include the following considerations:</p> <ul style="list-style-type: none"> a. The cost reports from the FYE that ended 2 years prior will be used, since these would be the cost reports that have been audited. (The calculation taking place in 2020 will be based on FYE 2018 cost reports with the proposed rates becoming effective with FYE 2021 contracts, if approved.) b. Cost trends represented on the Summary Comparison Schedules of Payment Rates to Calculated Rates Based on Audited Cost Reports provided annually by BA. c. Appropriate adjustments will be incorporated into the rate setting for things such as inflation, or other items that justifiably represent a

FOSTER CARE PAYMENT RATE SETTING AND MONITORING POLICY AND PROCEDURES

		<p>change in projected cost from the cost report date to the anticipated implementation date.</p> <ol style="list-style-type: none"> 2. Initiate budgetary and legislative approvals for proposed rate changes via recommendations to MDHHS's executive office, if necessary. 3. Implement approved rate changes.
--	--	---

Foster Care Payment Rate Setting and Monitoring Policy and Procedures Approved By:


 Farah Hanley, Senior Deputy Director
 Financial Operations Administration


 Date


 Herman McCall, Senior Deputy Director
 Michigan Children's Services Agency


 Date

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING**

SETTLEMENT AGREEMENT

In The Matter Of:

License #:

On **DATE** , the Division of Child Welfare Licensing issued a *Notice of Intent to Revoke* the children’s foster home license of **NAME(S) of Licensee** . In settlement of all issues raised in the *Notice of Intent to Revoke*, the undersigned parties hereby agree:

NAME(S) of Licensee have filed an answer and appeal to the *Notice of Intent to Revoke*, making certain admissions and denials, but now accept the revocation of their foster family home license without further proceedings or factual determination.

NAME(S) of Licensee understand that their children’s foster home license will be revoked effective with the date of the signature of the Director of the Department of Health and Human Services. **NAME(S) of Licensee** understand that the terms and conditions of this agreement are not final until approved by the Director or her designee.

NAME(S) of Licensee understand that they are waiving their right to appeal the *Notice of Intent to Revoke* their license, and an administrative hearing will not be held in this matter.

NAME(S) of Licensee agree not to apply for a license or certificate of registration for a Child Care Organization licensed or registered under the Child Care Organizations Act for a period of five years and agree not to be connected, directly or indirectly, with a licensee or registrant for a period of two years effective from the date the Director signs this agreement.

NAME(S) of Licensee Date Licensee

_____,
Director Date
Division of Child Welfare Licensing
Department of Health and Human Services

NAME(S) of Licensee Date Licensee

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING**

SETTLEMENT AGREEMENT

In The Matter Of:

License #:

On **DATE** , the Division of Child Welfare Licensing issued a *Notice of Intent to Revoke* the family foster home license of **NAME(S) of Licensee** . In settlement of all issues raised in the *Notice of Intent to Revoke*, the undersigned parties hereby agree:

NAME(S) of Licensee agrees that she is in compliance with all licensing rules listed in the *Notice of Intent to Revoke*.

To address charges set forth in the *Notice of Intent to Revoke*, **NAME(S) of Licensee** agrees to the following:

NAME(S) of Licensee agrees to attend and complete PRIDE foster parent training with the Department of Health and Human Services

(DHHS). This training shall be completed by **NAME(S) of Licensee** no later than **DATE**.

NAME(S) of Licensee agrees to adhere to **Add NAME of CPA** policies regarding substitute care and behavior management. **NAME(S) of Licensee** agrees that she has reviewed these policies and understands the requirements set forth.

NAME(S) of Licensee agrees to follow the service and safety plans of all foster children in her care.

NAME(S) of Licensee agrees to communicate with the child placing agency in a cooperative and respectful manner. **NAME(S) of Licensee** understands that she may occasionally add confusion to licensing matters by contacting different workers and supervisors regarding a single issue. **NAME(S) of Licensee** agrees that when communicating with the child placing agency, she will direct questions and concerns to her assigned licensing worker, and/or assigned foster care worker. **NAME(S) of Licensee** understands that all matters regarding foster

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING**

SETTLEMENT AGREEMENT

**In The Matter Of:
Registration #:**

On **DATE**, the Division of Child Welfare Licensing issued a *Notice of Intent to Revoke* the children’s foster home license of **NAME(S) of Licensee** . In settlement of all issues raised in the *Notice of Intent to Revoke*, the undersigned parties hereby agree:

NAME(S) of Licensee have filed an answer and appeal to the *Notice of Intent to Revoke*, making certain admissions and denials, but now accept the closure of their foster family home license without further proceedings or factual determination.

NAME(S) of Licensee understand that their children’s foster home license will be administratively closed effective with the date of the signature of the Director of the Division of Child Welfare Licensing.

NAME(S) of Licensee understand that they are waiving their right to appeal the *Notice of Intent to Revoke* their license, and an administrative hearing will not be held in this matter.

NAME(S) of Licensee agree not to apply for a license or certificate of registration for a Child Care Organization licensed or registered under the Child Care Organizations Act for a period of five years and agree not to be connected, directly or indirectly, with a licensee or registrant for a period of two years effective from the date the Director signs this agreement.

NAME(S) of Licensee Date Licensee

_____, Director Date
Division of Child Welfare Licensing
Department of Health and Human Services

NAME(S) of Licensee Date Licensee

Attachment 57: Request for Attorney General Representation

REQUEST FOR ATTORNEY GENERAL REPRESENTATION
Michigan Department of Health and Human Services
Administrative Hearings

Date of Request	MDHHS Office
MDHHS Office Contact Person and Telephone	Type of Case <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Title IV-E
Case (Client) Name and Case Number	
Date and Time the Administrative Hearing is Scheduled	Location of Administrative Hearing
Name of Client's Attorney	Attorney's State Bar Number P-
Attorney's Business Address/Telephone	

Email this form to the Children's Services Legal Division at CSARequestforLegalResearch@michigan.gov.

If approved, the client's entire file must be copied and provided to the Children's Services Legal Division. This file will be transmitted to the Department of the Attorney General.

If you have questions, please contact the Children's Services Legal Division at 517-284-4853.

Legal Affairs Use Only	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved By	Date
Date sent to Attorney General	Date
Assigned Assistant Attorney General	Date
<input type="checkbox"/> Received Hearing Summary	<input type="checkbox"/> Received file from local office
<input type="checkbox"/> Received Hearing Request	<input type="checkbox"/> Sent file to Attorney General

DHS-1216 (Rev. 5-19)
Previous edition obsolete.

Division of Child Welfare Licensing

Policies & Procedures



This document describes uniform Policies and Procedures governing the work of the Division of Child Welfare Licensing within the Department of Health and Human Services, Children's Services Agency.

LICENSING RULES FOR CHILD CARING INSTITUTIONS

EFFECTIVE DATE: 12/5/19

LICENSING RULES FOR CHILD CARING INSTITUTIONS

1973 PA 116, as amended, (hereafter referred to as Act 116) provides for the protection of children through the licensing and regulation of child care organizations and for the establishment of standards for child care in the form of administrative rules.

Child care organizations are defined in Section 1(a) of Act 116:

“‘Child care organization’ means a governmental or nongovernmental organization having as its principal function the receiving of minor children under 18 years of age for care, maintenance, training, and supervision.”

A child caring institution is one type of child care organization covered in Act 116. Child caring institutions are defined in Section 1(b) of Act 116 as follows:

“‘Child caring institution’ means a child care facility which is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution includes a maternity home for the care of unmarried mothers who are minors and an agency group home, which is described as a small child caring institution owned, leased, or rented by a licensed agency providing care for more than 4 but less than 13 minor children. Child caring institution also includes institutions for youth with intellectual and developmental disability or serious emotional disturbance or mental illness. Child caring organization does not include a hospital, nursing home, or home for the aged licensed under article 17 of Act No. 368 of the Public Acts of 1978, as amended, being sections 333.20101 to 333.22181 of the Michigan Compiled Laws, a boarding school licensed under section 1335 of Act No. 451 of the Public Acts of 1976, being section 380.1335 of the Michigan Compiled Laws, or a hospital for the mentally ill licensed under Act No. 258 of the Public Acts of 1974, as amended, being sections 330.1001 to 330.2106 of the Michigan Compiled Laws.”

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**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF
CHILD WELFARE LICENSING CHILD CARING INSTITUTIONS**

Filed with the Secretary of State on May 6, 2015. These rules take effect 30 days after filing with the Secretary of State

(By authority conferred on the director of the Department of Health and Human Services by sections 2, 5, 10, and 14 of 1973 PA 116, and Reorganization Nos. 1996-1, 1996-2, 2003-1 and 2004-4 MCL 722.112, 330.3101, 445.2001, 445.2011, and 400.226)

PART 1. GENERAL PROVISIONS

R 400.4101 Definitions.

Rule 101. As used in these rules:

(a) "Accredited college or university" means a college or university recognized by the United States department of education.

(b) "Act" means 1973 PA 116, as amended, being §§ MCL 722.111 to 722.128, and known as the child care organization licensing act.

(c) "Audit" means a review done by an auditor that conforms with generally accepted accounting principles.

(d) "Case record" means the individual file kept by an institution concerning a child who has been placed at the institution.

(e) "Chief administrator" means the person designated by the licensee as having the onsite day-to-day responsibility for the overall administration of a child caring institution and for assuring the care, safety, and protection of residents.

(f) "Chief administrator designee" means a person above the level of the supervisor who approved an action, and who was not involved in the decision being reviewed.

(g) "Child caring institution," hereinafter referred to as "institution" or CCI, means an institution as defined in section 1 of 1973 PA 116, MCL 722.111.

(h) "Child caring institution staff member" means an individual who is 18 years or older, and to whom any of the following apply:

(i) Is employed by a child care institution for compensation, including adults who do not work directly with children.

(ii) Is a contract employee or self-employed individual working with a child care institution.

(iii) Is an intern or other person who provides specific services under these rules.

(i) "Child placing agency" means an agency as defined in section 1 of 1973 PA 116, MCL 722.111.

(j) "Children's therapeutic group home" means a children's therapeutic group home as defined in section 1 of 1973 PA 116, MCL 722.111.

(k) "Corporal punishment" means hitting, paddling, shaking, slapping, spanking, or

any other use of physical force as a means of behavior management.

(l) "Detention facility" means an institution that primarily provides care and supervision for youth pending adjudication for status or criminal offenses or pending placement in a treatment facility post-adjudication.

(m) "Department" means the Michigan department of human services.

(n) "Developmentally disabled" means an individual who has an impairment of general intellectual functioning or adaptive behavior which meets all of the following criteria:

(i) It originated before the person became 18 years of age.

(ii) It has continued since its origination or can be expected to continue indefinitely.

(iii) It constitutes a substantial burden to the impaired person's ability to perform normally in society.

(iv) It is attributable to 1 or more of the following:

(A) Significant cognitive impairment, cerebral palsy, epilepsy, or autism.

(B) Any other condition of a person found to be closely related to significant cognitive impairment because it produces a similar impairment or requires treatment and services similar to those required for a person who is significantly cognitively impaired.

(o) "Direct care worker" means a person who provides direct care and supervision of children in an institution.

(p) "Human behavioral science" means a course of study producing a degree from an accredited college or university in any of the following:

(i) Social work.

(ii) Psychology.

(iii) Guidance and counseling.

(iv) Consumer or community services.

(v) Criminal justice.

(vi) Family ecology.

(vii) Sociology.

(q) "Juvenile justice youth" means a youth pending adjudication for status or criminal offenses or a youth who has been adjudicated under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2a, or section 1 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.1.

(r) "License" means a license issued by the department to a non-governmentally operated institution or a certificate of approval issued by the department to a governmentally operated institution indicating that the institution is in compliance with these rules.

(s) "Licensee" means the agency, association, corporation, firm, organization, person, partnership, department, or agency of the state, county, city, or other political subdivision that has submitted an original application for licensure or approval or has been issued a license or certificate of approval to operate a child caring institution.

(t) "Licensee designee" means the individual who is authorized by the licensee, board of directors, or the governing body for a public institution, to act on behalf of the corporation or organization on licensing matters.

(u) "Licensing authority" means the administrative unit of the department that has the responsibility for making licensing and approval recommendations for an institution.

(v) "Medication" means prescription and nonprescription medicines.

(w) "Misconduct" is conduct by a resident that affects the safety and security of residents, staff, or the community.

(x) "Open institution" means an institution or facility, or portion thereof, which is used to house residents and which is not locked against egress, except for an approved behavior management room.

(y) "Parent" means biological parent, including custodial and non-custodial parent, adoptive parent, or guardian.

(z) "Personal restraint", also referred to as resident restraint, means personal restraint as defined in section 2b of 1973 PA 116, MCL 722.112b.

(aa) "Protection" means the continual responsibility of the licensee to take reasonable action to ensure the health, safety, and well-being of a resident while under the supervision of the licensee or an agent or employee of the licensee, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.

(bb) "Resident" means a child who is admitted to and resides in an institution.

(cc) "Seclusion" means seclusion as defined in section 2b of 1973 PA 116, MCL 722.112b.

(dd) "Seclusion room" means a room or area approved for the confinement or retention of a single resident. The door to the room may be equipped with a security locking device which operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure.

(ee) "Secure institution" means an institution, or portion thereof, other than a seclusion room, used to house residents that is secured against egress from the building.

(ff) "Serious injury" means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

(gg) "Shelter care facility" means an institution which primarily provides care for residents for assessment, short-term supportive care, or placement planning.

(hh) "Social service supervisor" means a person who supervises a social service worker.

(ii) "Social service worker" means a person who works directly with residents, their families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of service plans for the resident. This definition does not prevent a team approach to service plan development and implementation.

(jj) "Staff" means a person who is employed by an institution, a volunteer for the institution, including student interns, or a person who is used by the institution to provide specific services covered by these rules.

(kk) "Terms of license" or "terms of approval" means those designations noted on an institution's license or certificate of approval for which the institution is authorized or approved. Such designations include the following:

- (i) Short-term institution.
- (ii) Residential treatment institution.
- (iii) Secure institution.

- (iv) Open institution.
- (v) Age of children to be accepted for care.
- (vi) Sex of children to be accepted for care.
- (vii) Number of children to be accepted for care.
- (viii) Effective and expiration dates.

(II) "Treatment institution" means an institution whose primary purpose and function is to provide habilitative or rehabilitative services.

History: 1983 AACCS; 2015 MR 9, Eff. December 5, 2019.

R 400.4102 Inspection and approval of institution.

Rule 102. Residents may occupy an institution, including new construction, additions, and conversions, only after inspection and approval by the licensing authority.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4103 Space and equipment requirements.

Rule 103. An institution shall provide all of the following to assure delivery of licensed services:

Sufficient resident living space, as set forth in R 400.4510. Office space.

Equipment to assure delivery of licensed services.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4104 Rules compliance.

Rule 104. (1) Before being licensed as an institution, an original applicant shall comply with 1973 PA 116, MCL 722.111 et seq. and the rules for the type of institution the applicant proposes to operate and for which compliance can be achieved prior to beginning operation and shall demonstrate intent to comply with those rules for which compliance can only be demonstrated after the institution has become fully operational.

(2) After being licensed, an institution shall, on an ongoing basis, comply with the act, child caring institution rules, and terms of the license.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4105 Rule variance.

Rule 105. (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which a variance is sought.

(2) The department shall enter its decision, including the qualification under which the variance is granted, in the records of the department and send a signed copy to the applicant or licensee. This variance may remain in effect for as long as the licensee continues to comply with the intent of the rule or may be time limited.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4106 Original licensure; application.

Rule 106. An applicant applying for an original license shall provide documentation of all of the following:

- (a) Need for the type of program the institution proposes to provide.
- (b) Sufficient financial resources to meet applicable licensing rules following the issuance of the initial license.
- (c) A plan of financial accounting developed in accordance with generally accepted accounting practices.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4107 Deemed status.

Rule 107. (1) The department may accept, for the purpose of determining compliance with part 1 of these rules, evidence that the child caring institution is accredited by the council on accreditation or other nationally recognized accrediting body whose standards closely match state licensing regulations.

(2) The institution may request deemed status when the accreditation site inspection is less than 12 months old. Both of the following apply:

(a) When accreditation is requested, an institution shall submit a copy of the most recent accreditation report to the department.

(b) An institution shall only be eligible for deemed status if the license is on a regular status.

(3) The acceptance of accreditation in subrule (1) of this rule does not prohibit the department from conducting on-site investigations or requiring environmental health and fire safety inspections at intervals determined by the department.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4108 Financing and audit.

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.

(b) Annually develop and implement a plan to correct any deficiencies identified.

(c) Demonstrate sufficient financing to assure that proper care of residents is provided and that licensing rules are followed.

(d) Develop a budget that includes projected income and expenditures.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4109 Program statement.

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.

(b) The services provided to residents and parents directly by the institution and the services provided by outside resources.

(c) Policies and procedures pertaining to admission, care, safety, and supervision, methods for addressing residents' needs, implementation of treatment plans, and discharge of residents.

(2) The program statement shall be made available to residents, parents, and referral sources.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4110 Employees qualified under prior rules.

Rule 110. An employee in a position approved before the effective date of these rules is deemed to be qualified for that position at the institution. A person appointed to a position after the date of these rules shall meet the qualifications of these rules for that position.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4111 Job description.

Rule 111. An institution shall provide a job description for each staff position that identifies rules, required qualifications, and lines of authority.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4112 Criminal history check, subject to requirements; staff qualifications.

Rule 112. (1) Child caring institutions subject to 42 USC 671 shall not permit a child caring institution staff member to begin working unless all of the following has been completed using the forms, and in the manner, prescribed by the department:

(a) A criminal record check as referenced in R 400.4113(f), including a fingerprint-based check of national crime information databases, unless an alternative criminal history check has been approved by the federal government.

(b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency as referenced in R 400.4113(i).

(c) A check of other states' child abuse registry where the person has lived in within the preceding five years.

(2) A person who has unsupervised contact with children shall not have been convicted of either of the following:

(a) Child abuse or neglect.

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

(3) A person who has unsupervised contact with children shall not be a person who is listed on the central registry as a perpetrator of child abuse or child neglect.

(4) A person with ongoing duties shall have both of the following:

(a) Ability to perform duties of the position assigned.

(b) Experience to perform the duties of the position assigned.

(5) An unsupervised volunteer who performs work, including adults who do not work directly with children, is subject to the requirements of subrule (1)(a) and (b) of this rule.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015, Am. Eff. December 5, 2019.

R 400.4113 Employee records.

Rule 113. An institution shall maintain employee records for each employee and shall include documentation of all of the following information prior to employment or at the

time specified in this rule:

- (a) Name.
- (b) A true copy of verification of education from an accredited college or university where minimum education requirements are specified by rule.
- (c) Verification of high school diploma or GED when specified by rule.
- (d) Work history.
- (e) Three dated references which are obtained prior to employment from persons unrelated to the employee and which are less than 12 months old.
- (f) A record of any convictions other than minor traffic violations from either of the following entities:
 - (i) Directly from the Michigan state police or the equivalent state law enforcement agency, Canadian province, or other country where the person usually resides or has resided in the previous 5 years.
 - (ii) From an entity accessing either Michigan state police records or equivalent state, Canadian provincial, or other country law enforcement agency where the person usually resides or has resided in the previous 5 years.
- (g) If the employee has criminal convictions, the institution shall complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the institution.
- (h) A statement from the employee regarding any convictions.
- (i) Documentation from the Michigan department of human services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that the person has not been determined to be a perpetrator of child abuse or child neglect. The documentation shall be completed not more than 30 days prior to the start of employment and every 12 months thereafter.
- (j) A written evaluation of the employee's performance within 30 days of the completion of the probationary period or within 180 days, whichever is less, and a written evaluation of the employee's performance annually thereafter.
- (k) Verification of health where specified by institution policy.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4114 Tuberculosis screening for employees and volunteers.

Rule 114. The licensee shall document, prior to employment, that each employee and volunteer who has contact with residents 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 1 year period before employment and shall be verified every 1 year after the last verification or prior to the expiration of the current verification.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4115 First aid; CPR.

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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4116 Chief administrator; responsibilities.

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.

(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.

(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.

(c) Conduct a written evaluation of trends and patterns of all unplanned discharges.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4117 Chief administrator; qualifications.

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4118 Social service supervisor; qualifications.

Rule 118. A social service supervisor, at the time of appointment to the position, shall possess either of the following:

(a) A master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social service worker.

(b) A bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social service worker.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4119 Social service worker; qualifications.

Rule 119. A social service worker, at the time of appointment to the position, shall possess a bachelor's degree with a major in a human behavioral science from

an accredited college or university or another major with 25% of credits in human behavioral sciences.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4120 Supervisor of direct care workers; qualifications.

Rule 120. A supervisor of direct care workers shall have 1 of the following:

(a) A bachelor's degree from an accredited college or university and 2 years of work experience in a child caring institution.

(b) Two years of college from an accredited college or university and 3 years of work experience in a child caring institution.

(c) A high school diploma and 4 years of work experience in a child caring institution.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4121 Direct care worker; qualifications.

Rule 121. A direct care worker shall have completed high school or obtained a general equivalency diploma (GED).

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4122 Resident and parent visitation.

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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4123 Education.

Rule 123. (1) An institution shall not admit a child for care unless an appropriate educational program can be provided.

(2) Provision shall be made for an appropriate education program in accordance with 1976 PA 451, MCL 380.1 to 380.1853. Each resident of school age shall be enrolled not later than 5 school days after admission and continuously thereafter.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4124 Communication.

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 needs, treatment plan and security level.

History: 2015 MR 9, Eff. June 8, 2015.

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

Rule 125. (1) A licensee shall have a written policy that designates all of the following:

(a) The method used to safeguard residents' personal possessions and money.

(b) The method used to accurately account for and return possessions and money to the resident or guardian upon discharge.

- (c) The method for ensuring that each resident has sufficient clean, properly fitting, seasonal clothing.
 - (2) The licensee shall provide accessible storage space for personal possessions.
- History: 2015 MR 9, Eff. June 8, 2015.

R 400.4126 Sufficiency of staff.

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

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015

R 400.4127 Staff to resident ratio.

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.

(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.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

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

Rule 128. (1) The licensee shall provide an orientation program for new employees. Job shadowing shall not be the only form of orientation.

The orientation shall include the following:

(a) The institution's purpose, policies, and procedures, including discipline, crisis prevention and intervention techniques, and emergency and safety procedures.

(b) The role of the staff members as related to service delivery and protection of the children.

(2) The licensee shall provide a written plan of ongoing staff training related to individual job functions and the institution's program.

(3) The licensee shall document that each staff person whose function is covered by these rules has 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 related to the employee's job function. At least 16 of the 50 hours provided in the first year shall be orientation provided prior to the assumption of duties.

(4) Training opportunities for direct care staff shall include, but are not limited to, all of the following:

(a) Developmental needs of children.

- (b) Child management techniques.
- (c) Basic group dynamics.
- (d) Appropriate discipline, crisis intervention, and child handling techniques.
- (e) The direct care worker's and the social service worker's roles in the institution.
- (f) Interpersonal communication.
- (g) Proper and safe methods and techniques of restraint and seclusion if the agency has an approved seclusion room.
- (h) First aid.

(5) An employee must not participate in restraining a resident or placing a resident in seclusion prior to receiving training on those topics, supervision, competency demonstration, and the capacity to effectively de-escalate youth. The training model shall be approved, in writing, by the department.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4129 Institutions serving developmentally disabled youth; written procedures.

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 youth.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4130 Privacy and confidentiality.

Rule 130. (1) An institution shall assure resident and parent privacy and confidentiality and shall protect residents from exploitation.

(2) A resident's identity may be disclosed for public purposes or publicity only after both of the following criteria are met:

- (a) The parent has consented.
- (b) The resident has consented if the resident is capable of consent.

History: 11983 AACCS.

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

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4132 Grievance procedures.

Rule 132. (1) An agency shall have and follow a written grievance handling procedure for residents and their families. All of the following apply:

(a) The policy shall be provided to residents, their families, and referring sources prior to or at admission.

(b) The policy shall be explained in a language the resident and his or her family can understand.

(c) There shall be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.

(2) The procedure shall provide for all of the following:

- (a) Safeguarding the legal rights of residents and their families.

(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.

(c) Delineating the method of initiating the procedure.

(d) Specifying time frames for decisions.

(3) In a secure juvenile justice facility that uses room confinement as a behavioral sanction, the procedure shall provide for all of the following:

(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.

(b) Staff assistance in preparing and presenting his or her grievance or defense.

(c) A meaningful process of appeal.

(4) An agency shall provide a grievant with a written copy of the grievance resolution.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4133 Institutional care for children under 6 years of age.

Rule 133. A child under 6 years of age shall not remain in an institution for more than 30 days, unless this stay is documented to be in the best interest of the child.

History: 1983 AACS.

R 400.4134 Religious/spiritual policy and practices.

Rule 134. (1) The institution shall have and follow a policy on religious/spiritual participation that contains, at a minimum, both of the following:

(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.

(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.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4135 Resident work experience.

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.

History: 2015 MR 9, Eff. June 8, 2015.

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

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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4137 Sleeping rooms.

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.
 - (vii) Blankets shall not be draped over cribs or bassinets.
 - (viii) 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.
- 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. An infant shall be placed on his or 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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4138 Bedding and linen.

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4139 Driver's license.

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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4140 Transportation.

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.

History: 2015 MR 9, Eff. June 8, 2015

R 400.4141 Safety belts.

Rule 141. The driver and all passengers shall be properly restrained with safety belts while the vehicle is being operated..

History: 2015 MR 9, Eff. June 8, 2015.

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:

(a) Routine and emergency medical, and dental, and behavioral health care.

(b) Health screening procedures.

(c) Documentation of medical care and maintenance of health records.

(d) Documentation of weight/Body Mass Index and a monthly weight log

(e) Storage of medications.

(f) Dispensing medication.

(g) Definition and training of personnel authorized to dispense medications.

(h) Methods for dispensing medication when the resident will be off site.

(2) Resident medications shall be kept in the original pharmacy supplied container until dispensed, shall be kept with the equipment to administer it in a locked area, and refrigerated, if required.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4143 Medical treatment; supervision.

Rule 143. Medical treatment shall be under the supervision of a licensed physician or other licensed health professional as permitted by law.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4144 Admission health screening; physical examinations.

Rule 144. (1) An initial health screening shall be completed for each resident within 24 hours of admission to a facility.

(2) An institution shall have the following documentation of an admission physical examination for each resident, unless an earlier examination is medically indicated:

(a) For a resident under 3 years of age, a physical examination shall have been completed within 90 calendar days prior to admission or a new physical examination shall be completed within 30 calendar days after admission.

(b) For a resident 3 years of age or older, a physical examination shall have been completed within 1 year prior to admission or a new physical examination shall be completed within 30 calendar days after admission.

(3) Sufficient health history information shall be documented for each resident to assure proper medical care.

(4) Nothing in the rules adopted under the act shall authorize or require a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection shall be made in writing to the institution and retained in the resident's file.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4145 Periodic physical examinations.

Rule 145. (1) An institution shall provide and document periodic physical examination for each resident as follows, unless greater frequency is medically indicated:

(a) At least once every 3 months for residents under 1 year of age.

(b) At least once every 14 months for residents 1 year of age or older.

(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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4146 Immunizations.

Rule 146. (1) A resident shall have current immunizations as required by the department of community health.

(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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4147 Dental care.

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4148 Personal hygiene.

Rule 148. An institution shall assure that each resident maintains or receives personal care, hygiene, and grooming appropriate to the resident's age, gender, race, cultural background, and health needs.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4149 Resident nutrition.

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.

(5) Add the expectation of a nutritional plan for youth whose BMI is categorized as obese or greater.

History: 2015 MR 9, Eff. June 8, 2015

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.

(2) The death of a resident shall be reported immediately to the parent/legal guardian or next of kin, law enforcement, the licensing authority, and the referring agency.

(3) If an institution determines that a youth is absent without legal permission, then the institution shall immediately report the information to law enforcement, the parent/ legal guardian or next of kin, the licensing authority, and the referring agency.

(4) When a resident's behavior results in contact with law enforcement, the incident shall be reported to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4151 Emergency; continuity of operation procedures.

Rule 151. (1) An institution shall establish and follow written emergency procedures that have been approved by the department that maintain the continuity of operations for a minimum of 72 hours to assure the safety of residents for the following circumstances:

(a) Fire.

- (b) Severe weather.
- (c) Medical emergencies/pandemic outbreak.
- (d) Missing persons.
- (f) Disasters.
- (g) Utility failures.
- (2) The procedures shall explain, in detail, all of the following:
 - (a) Staff roles and responsibilities.
 - (b) Evacuation procedures.
 - (c) Required notifications, including but not limited to, the licensing authority, the referring agency, and law enforcement.
 - (d) Methods for maintaining continuity of services.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4152 Initial documentation.

Rule 152. At the time of admission, all of the following shall be in the resident's case record:

- (a) Name, address, birth date, gender, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.
- (b) A photograph taken within the previous 12 months.
- (c) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.
- (d) Name, address, and marital status of parents and name and address of legal guardian, if known.
- (e) Date of admission and legal status.
- (f) Documentation of legal right to provide care.
- (g) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14 a (1), (2), and (3) of 1973 PA 116, MCL 722.124a.
- (h) A brief description of the circumstances leading to the need for care.
- (i) Documentation that the grievance policy was provided as required in R 400.4132.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

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

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

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

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4154 Shelter care and detention institutions; service plans.

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

- (a) The reason for continued care.
- (b) Evaluation of service needs.
- (c) Ongoing service needs.
- (d) How service needs will be met.
- (e) Unmet service needs and the reasons those needs are unmet.
- (2) Copies of the plan shall be maintained at the institution.

History: 2015 MR 9, Eff. June 8, 2015.

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

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.

(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 youth's and family's strengths and needs.
- (b) Plans for parent and child visitation.
- (c) Treatment goals to remedy the problems identified by the youth and family, and time frames for achieving the goals. For youth with without a permanent connection, will be the primary treatment goal.
- (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 youth and family's treatment goals, including a specific behavior support 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 coordination 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.

(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.

History: 2015 MR 9, Eff. June 8, 2015.

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

Rule 156. (1) The social service worker shall complete, sign, and date an updated treatment plan for each resident at least once every 90-calendar days following the initial treatment plan.

(2) The updated treatment plan developed by the social worker shall document input from the resident, the resident's parents, direct care staff, and the referral source, unless documented as inappropriate.

(3) The updated treatment plan shall include all of the following information:

(a) Dates, persons contacted, type of contact, and place of contact.

(b) Progress made toward achieving the objective, measurable goals established in the previous treatment

plan.

(c) Changes in the treatment plan, including new problems and new goals to remedy the problems. Indicators of goal achievement and time frames for achievement shall be specified along with a specific behavior management plan designed to reduce/prevent seclusion and restraint and that includes a continuum of responses to problem behaviors.

(d) For youth who are permanent court wards or MCI wards, there must be documented coordination with the agency assigned to complete adoption or permanency planning for the youth.

(e) For youth 14 years of age and over, a plan to prepare the youth for functional independence.

(4) The social service worker shall sign and date the initial treatment plan.

(5) The social service supervisor shall approve, countersign, and date the updated treatment plan.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4157 Behavior support.

Rule 157. (1) An institution shall establish and follow written policies and procedures that describe the institution's behavior support system. The policies and procedures shall be reviewed annually and updated as needed. These shall be available to all youth, their families, and referring agencies.

(2) At a minimum, the behavior support 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, however, point/level systems are not permitted.

(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 a reasonable behavior support approach system.

(g) A provision for the distribution of behavior management policies and procedures to residents, parents, and referral agencies.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4158 Discipline.

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 time spent with family 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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4159 Restraint Prevention

Rule 159. (1) An institution shall establish and follow written policies and procedures regarding the prevention of restraint and requirements if used. These policies and procedures shall be available to all youth, 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 preventing, implementing and debriefing 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 monthly 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) Medication restraint as defined in the act.

(6) Restraint equipment and physical restraint techniques shall not be used for punishment, discipline, or retaliation.

(7) The use of a restraint chair is prohibited.

(8) Resident restraint shall only be applied for the minimum time necessary to accomplish the purpose for its use as specifically permitted in subrule (2) of this rule. Approval of a supervisor shall be obtained when the restraint lasts more than 20 minutes.

(9) The approval of the administrator or his or her designee shall be obtained prior to any use of material or mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident.

(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.

History: 2015 MR 9, Eff. June 8, 2015

R 400.4160 Seclusion rooms; department approval required.

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.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4161 Seclusion rooms; policies and procedures.

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 imminent danger of jeopardizing the safety and security of himself, herself, or others.

(c) The room shall be used only for the time needed for the youth to calm

(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 life-threatening 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.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015.

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.

History: 2015 MR 9, Eff. June 8, 2015.

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

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4164 Secure facilities serving juvenile justice youth; reintegration.

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 aide 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.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.

Rule 165. (1) A secure facility may only use lockdowns in situations that threaten facility security, including but not limited to, riots, taking of hostages, or escape plans involving multiple residents.

(2) A secure facility serving juvenile justice youth that uses lockdowns in which all residents are confined to their rooms shall have a written policy that describes the procedures to be followed and includes all of the following:

(a) Who may order a lockdown.

(b) Who is to implement the lockdown when it has been ordered.

(c) How the problem is to be contained.

(d) Procedures to be followed after the incident is resolved.

(e) Notification of the licensing authority within 24 hours after the occurrence of a lockdown.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4166 Discharge plan.

Rule 166. (1) When a resident is discharged from institutional care, all of the following information shall be documented in the case record within 14 days after discharge:

(a) The date of and reason for discharge, and the new location of the child.

(b) A brief summary or other documentation of the services provided while in residence, including medical and dental services.

(c) An assessment of the resident's needs that remain to be met.

(d) Any services that will be provided by the facility after discharge.

(e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the resident and with the parent and with the responsible case manager.

(f) The name and official title of the person to whom the resident was discharged.

(2) For an unplanned discharge, an institution shall provide a brief summary or other documentation of the circumstances surrounding the discharge.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4167 Case record maintenance.

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.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4168 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4169 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4170 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4172 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4173 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4175 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4176 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4177 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015

R 400.4181 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4182 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4183 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4199 Rescission.

Rule 199. RR 400.141 to R 400.160 and R 400.174 to R 400.185 of the Michigan Administrative Code, appearing on pages 2996 to 3002, 3005, and 3006 of the 1979

Michigan Administrative Code, and pages 306 and 307 of the 1980 Annual Supplement to the Code, are rescinded.

History: 1983 AACCS.

PART 2. SHORT TERM INSTITUTIONS

R 400.4201 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4231 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4232 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4234 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4237 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4238 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

PART 3. RESIDENTIAL TREATMENT

INSTITUTIONS R 400.4302 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4331 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4332 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4334 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4335 Rescinded.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4336 Rescinded.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4337 Rescinded.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4338 Rescinded.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

PART 4. ENVIRONMENTAL HEALTH AND

SAFETY R 400.4401 Applicability.

Rule 401. The rules set forth in this part apply to all institution facilities unless specifically noted otherwise.

History: 1983 AACS.

R 400.4407 Facility and premises maintenance.

Rule 407. (1) A facility and premises shall be maintained in a clean, comfortable, and safe condition. The facility shall be located on land that is properly drained.

(2) Hazardous areas shall be guarded or posted as appropriate to the age and capacity of the residents.

(3) The facility, including main and accessory structures, shall be maintained so as to prevent and eliminate rodent and insect harborage.

(4) Rooms, exterior walls, doors, skylights, and windows shall be weather tight and watertight and shall be kept in sound condition and in good repair.

(5) Floors, interior walls, and ceilings shall be sound and in good repair and shall be maintained in a clean condition.

(6) Plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition.

(7) Water closet compartments, bathroom, and kitchen floors shall be constructed and maintained so as to be reasonably impervious to water and be composed of a slip resistant material.

(8) Equipment, including recreation devices, shall be inspected periodically for defects. Proper maintenance shall be carried out to keep equipment in a safe operating condition.

(9) Water heaters shall have an operable thermostatic temperature control and a pressure relief valve.

(10) Stairways, porches, and elevated walkways shall have structurally sound and safe handrails.

History: 1983 AACS.

R 400.4409 Ventilation.

Rule 409. (1) Except for a basement, each habitable room shall have direct outside ventilation by means of windows, louvers, air conditioning, or mechanical ventilation.

(2) During fly season, between May 1 and October 31, each door, window, and other opening to the outside which is used for ventilation purposes shall be supplied with standard screens of not less than 16 mesh. Each screen door shall have a self-closing device in working condition and shall swing outward.

(3) Where windows or louvers are used for ventilation, the total openable area for each resident-occupied room, other than a bathroom, shall not be less than 3 1/2% of the floor area of the room.

History: 1983 AACS.

R 400.4411 Natural light.

Rule 411. (1) Every sleeping room occupied by residents shall have natural light from a source which is equal to not less than 8% of the floor area for that room. A skylight, louver, glass-blocked panel, or similar light-transmitting device shall not be counted for more than 50% of the required area in place of conventional windows and glass doors.

(2) Every habitable room shall have artificial light capable of providing not less than 20 footcandles of illumination at a height of 3 feet above the floor.

History: 1983 AACS.

R 400.4414 Water supply.

Rule 414. (1) The water supply for an institution shall comply with the requirements of the department of public health. Installation of new wells or repairs on existing wells shall be done by water drilling contractors registered under sections 12701 to 12721 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12701 to 333.12721 of the Michigan Compiled Laws.

(2) Each sink, lavatory, bath, shower, drinking fountain, and other water outlet shall be supplied with safe and potable water which is sufficient in quantity and pressure to meet the conditions of peak demand. Hot and cold or tempered water shall be provided in each sink, lavatory, bath, and shower. Hot water temperatures shall not exceed 120 degrees Fahrenheit at outlets accessible to residents.

(3) Plumbing shall be installed and maintained to prevent cross connections with the water supply.

History: 1983 AACS.

R 400.4417 Toilet and bathing facilities.

Rule 417. Toilet and bathing facilities shall be provided as follows:

(a) Toilets that allow for individual privacy, unless inconsistent with a toilet training program or security program.

(b) Bathing and toilet fixtures that are specially equipped if used by the physically handicapped.

(c) At least 1 toilet, lavatory, and tub or shower, which are easily accessible from sleeping quarters, for each 8 residents.

History: 1983 AACS.

R 400.4420 Food service facilities, equipment, and procedures.

Rule 420. Facilities, equipment, and procedures used in the preparation, storage, and service of food shall comply with the applicable provisions of sections 12901 to 12922 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12901 to 333.12922 of the Michigan Compiled Laws. The facilities, equipment, and procedures required shall depend on the amount of food service and the type of food service operation.

History: 1983 AACS.

R 400.4426 Garbage and refuse.

Rule 426. (1) Garbage shall be stored in fly-tight, watertight containers with tight-fitting covers. A garbage can shall be provided with a waterproof liner or shall be thoroughly cleaned after each emptying.,

(2) Garbage and refuse shall be removed at intervals of at least once a week.

History: 1983 AACS.

R 400.4428 Sewage disposal.

Rule 428. Sewage and other water-carried wastes shall be disposed of through a municipal sewer system where such a system is available. Where a municipal sewer connection is not available, liquid waste shall be discharged into an approved private system. The private system shall not create a nuisance or pollute a stream, lake, or other body of water or contaminate a water supply or bathing place and shall comply with applicable local health department requirements.

History: 1983 AACS.

R 400.4431 Heating equipment.

Rule 431. (1) Heating equipment shall be capable of maintaining a temperature of not less than 68 degrees Fahrenheit at a point 4 feet above the floor. An accurate thermometer shall be provided.

(2) Hot water radiators or steam radiators and pipes or any other heating device capable of causing a burn shall be effectively shielded.

History: 1983 AACS.

R 400.4435 Swimming beaches and pools.

Rule 435. (1) The water and beach area of a natural swimming area of an institution shall be free from contamination by garbage, refuse, sewage pollution, and hazardous foreign or floating materials. A survey or evaluation of the quality of the water at the swimming area shall be made in accordance with sections 12541 to 12563 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12541 to 333.12563 of the Michigan Compiled Laws, and the rules promulgated thereunder.

(2) An institution's artificial swimming pool shall be constructed and maintained in accordance with sections 12521 to 12534 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12521 to 333.12534 of the Michigan Compiled Laws, and the rules promulgated thereunder.

History: 1983 AACS.

PART 5. FIRE SAFETY FOR SMALL, LARGE, AND SECURE INSTITUTION FACILITIES

R 400.4501 Definitions.

Rule 501. As used in this part:

(a) "Ambulatory" means a resident who is physically and mentally capable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or approved means of egress.

(b) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department makes the final approval based on recommendations from the fire inspecting authority.

(c) "Basement" means a story of a building or structure having ½ or more of its clear height below average grade for at least 50% of the perimeter of the story.

(d) "Combustible" means those materials which can ignite and burn.

(e) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home to a small facility or an increase in capacity from a small facility to a large facility or a change to a secure facility. A converted facility shall comply with the provisions of these rules for fire safety for converted facilities.

(f) "Electric lock" means an electric door lock system operated from a remote control unit. The system is fail-safe in that all locks are automatically unlocked in the event of electrical failure. The system is approved by a nationally recognized independent testing laboratory.

(g) "Escape window" in new construction, remodeled, or converted facilities means an approved side-hinged window with a minimum net clear opening of 5.7 square feet with a net clear opening height of 24 inches and width of 20 inches. Grade floor openings shall have a minimum net clear opening of 5.7 square feet. The window shall be operable from the inside with a single motion and shall be equipped with non-locking-against- egress hardware. The window shall be operable without the use of special tools. The sill height shall not be greater than 36 inches from the floor, unless an approved substantial permanent ledge or similar device not less than 12 inches wide is provided under the window, in which case the sill height may be increased to 44 inches from the floor. In an existing facility, "escape window" means a window acceptable to the fire inspecting authority.

(h) "Existing facility" means a building, accessory buildings and surrounding grounds which is licensed or approved by the department as an institution at the time these rules take effect and which is not unoccupied for more than 90 days. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.

(i) "Facility" means a building, and surrounding grounds including recreational areas owned, leased, or primarily rented by a child care organization for use as a small, large, or secure facility to house and sleep residents. "Facility" includes new, remodeled, converted, and small, large, secure, and existing facilities. Any portion of a facility not used by residents and not used as a required means of egress and which is separated from the rest of the facility by an approved fire barrier, and buildings used by the

residents strictly for up and awake activities do not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by the residents strictly for up and awake activities, is retained and directives relative to fire safety of such area or building may be issued to assure the fire safety of those use areas.

(j) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm shall be specifically designated as such and shall not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device shall be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.

(k) "Fire alarm system" means an approved electrical closed circuit, self-supervised local system for sounding an alarm. The system is comprised of a panel, pull stations, and audible electric signal devices.

(l) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(m) "Hazardous area" means those parts of a facility housing a flame-producing heating plant, incinerators, water heater, and kitchens and areas where combustible materials, flammable liquids, or gases are used or stored.

(n) "Large facility" means a building used to house more than 15 residents.

(o) "Means of egress and exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.

(p) "Newly constructed," "new construction," or "new facility" means a new structure or new addition to a facility after the effective date of these rules.

(q) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(r) "Remodeled" means changes in a facility that modify existing conditions and includes renovation and changes in the fire alarms, sprinkler systems, and hood suppression systems. Remodeled and affected areas of a child caring institution shall conform to the provisions of these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(s) "Secure facility" means a building used as a detention facility or a secure child caring institution. The building or portions of the building are used to keep residents in custody. Outside doors or individual sleeping rooms usually have locks which are secure from the inside. The locks are used in the usual course of operation. A secure facility shall meet the requirements for a large facility, regardless of the number of residents. A facility with an approved seclusion room is not a secure facility solely by virtue of having a seclusion room.

(t) "Small facility" means a building which houses at least 7 or more than 15 residents and which is not a secure facility.

(u) "Street floor" means the lowest story of a facility which is not a basement.

(v) "Story" means that part of a building between a floor and the floor or roof next above.

(w) "Substantially remodeled" means changes in a facility that result in the exposure or addition of structural joists or studs.

(x) "Wire glass" means glass which is not less than 1/4 inch thick; which is reinforced with wire mesh, No. 24 gauge or heavier with spacing not greater than 1 square inch; and which is installed in steel frames or, when approved, installed in wood frames or stops of hardwood material not less than 3/4 inch actual dimension and not more than 1,296 square inches per frame with no single dimension more than 54 inches in length.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4502 Applicability.

Rule 502. The rules in this part apply to all newly constructed, remodeled, converted, and existing facilities of an institution as indicated.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4504 Adoption by reference.

Rule 504. The department adopts the following fire safety codes and standards. These codes and standards are available for inspection and distribution to the public at cost at the Department of Human Services, 201 N. Washington Square, PO Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed below.

(a) Standard E-84-07, "Standard Tests Method for Surface Burning Characteristics of Building Materials," 2014, American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$69.00.

(b) Standard No. 13, "Standard for the Installation of Sprinkler Systems," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$95.00.

(c) Standard No. 22, "Standard for Water Tanks for Private Fire Protection," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 -9101, \$46.50.

(d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269(-9101,) \$89.50.

(e) Standard No. 72 "National Fire Alarm Code", 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.

(f) Standard No. 80, "Standard for Fire Doors and Other Opening Protectives," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.

(g) Standard No. 82, "Standard on Incinerator and Waste and Linen Handling Systems and Equipment, Rubbish Handling," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$42.00.

(h) Standard No. 90A, "Installation of Air Conditioning and Ventilating Systems," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$45.00.

(i) Standard No. 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations" 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 – (9101,) \$42.00.

(j) Standard No. 220, "Standard on Types of Building Construction," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 - (9101,) \$36.50.

(k) Standard No. 255, "Standard Method of Test of Surface Burning Characteristics of Building Materials," 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$36.50.

(l) Standard 723, "Test for Surface Burning Characteristics of Building Materials" 2008, Underwriters Laboratories, Inc., 1414 Brook Dr., Downers Grove, Ill. 60513, \$631.00.

(m) "Life Safety Code 101," 2015, National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, 93.00.

(n) Standard E-1590 13, "Standard Method for Fire Testing of Mattresses" American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$48.00.

(o) Standard No. 10, "Standard for Portable Fire Extinguishers", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.

(p) Standard No. 25, "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$54.50.

(q) Standard No. 252, "Standard Methods of Fire Tests of Door Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy Massachusetts 02269-9101, \$36.50.

(r) Standard No. 257, "Standard on Fire Test for Window and Glass Block Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(s) Standard No. 261, "Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50.

(t) Standard No. 701 entitled "Standard Methods of Fire Tests for Flame Propagation of Textiles and Films," 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015.

R 400.4505 Plans and specifications.

Rule 505. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in an institution, or the construction or conversion of a structure for use as an institution.

(2) The plans shall comply with all of the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location, size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(c) Be approved in writing by the bureau of fire services before construction begins.

(d) Bear the seal of a registered architect or engineer when the cost of the project, including labor and materials, exceeds \$15,000.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4506 Fire drills and telephone.

Rule 506. (1) There shall be quarterly emergency fire drills for each staff shift. Two of the drills shall include evacuations, unless approved by the department, in writing, as clinically contraindicated. Where a facility has a 24-hour staff shift, the emergency drills shall be conducted at different times of the day and night. Written records shall be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.

(2) A telephone or other suitable means of communicating an alarm of fire to the fire department shall be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department shall be posted conspicuously by all phones designated for outside service.

History: 1983 AACS.

R 400.4508 Facility location.

Rule 508. A new or converted facility shall not be established within 300 feet of an above ground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling or bottling plant of a liquified petroleum gas installation, or other similar hazard.

History: 1983 AACS.

R 400.4510 Facilities with sleeping rooms above second floor.

Rule 510. (1) In new construction, remodeled or converted facilities, single sleeping rooms shall not be less than 70 square feet in size, exclusive of closet space. Multi-resident sleeping rooms shall not be less than 50 square feet per resident, exclusive of closet space.

(2) In new construction, remodeled or converted facilities, locked resident sleeping rooms shall be equipped with 2-way monitoring devices.

(3) All facilities with sleeping rooms above the second floor shall comply with the requirements of a secure facility, with the exception of R 400.4522(c).

(4) A facility shall not use a basement as a sleeping room.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4512 Combustible materials and decorations, furnishings and beddings.

Rule 512. (1) A resident-occupied facility shall be kept free of all accumulation of combustible materials unnecessary for the immediate operation of the institution, unless materials are within an approved storage room.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are permitted up to 20% of wall space in each room or use areas other than means of egress and hazardous areas if they have been treated with fire retardant materials approved by Underwriter's Laboratory.

(3) Newly introduced upholstered furniture shall be tested in accordance and comply with the provisions of NFPA-261 unless located in an area having approved automatic sprinkler protection.

(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having approved automatic sprinkler protection.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4513 Rescinded.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4515 Electrical installations.

Rule 515. (1) In a newly constructed, converted, or remodeled facility, the electrical wiring and equipment shall be installed in accordance with the provisions of the national fire protection association standard No. 70, entitled "National Electrical Code," 2014. A final electrical certificate of approval for the electrical installation shall be obtained from a qualified local electrical inspecting authority or state electrical inspecting authority.

(2) In an existing facility, electrical wiring and equipment acceptable at the time these rules take effect shall continue to be approved until the facility or portion thereof is remodeled or converted. When an existing facility or portion thereof is remodeled or converted, only that portion remodeled or converted need comply with subrule (1) of this rule. Electrical services shall be maintained in a safe condition. When conditions indicate a need for inspection, the electrical services shall be inspected by a licensed electrical inspection service. A copy of the inspection report shall be maintained at the facility for review. Any areas cited in the report shall be corrected and a new electrical system inspection shall be obtained verifying that corrections have been made.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4517 Facility construction.

Rule 517. (1) A new, substantially remodeled or converted large or secure facility shall be 1 of the following types of construction as specified in the national fire protection association standard No. 220, entitled "Standard on Types of Building Construction, 2015:"

(a) Type I 442 or 332 or type II 222.

(b) Type II 111, type III 211, type IV 2HH.

(c) Type II 000, type III 200, or type V 000 up to 2 stories.

(2) New, converted, and substantially remodeled small facilities shall be at least frame construction and shall be fire-stopped at all wall and floor junctures and all wall and ceiling junctures with not less than 2-inch nominal lumber.

(3) Construction in existing licensed facilities that was approved before these rules take effect and which meets the construction requirements of the fire safety guidelines these rules supersede shall continue to be approved until the facility is substantially remodeled or converted. When an existing facility is substantially remodeled or added to, only the portion of the facility being substantially remodeled or added need comply with subrule (1) or (2) of this rule and R 400.4522, as appropriate.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4520 Interior finish.

Rule 520. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-07, 2014, or underwriters laboratories standard No. 723, 2008, shall be used to determine interior finishes:

Class	Flame Spread	Smoke Developed
A	0-25	0-450
B	26 - 75	51 - 450
C	76 - 200	126 - 450

The same alphabetical classification is also used for combustibility of prefabricated acoustical tile units, only under federal test number SS-5-118a.

(2) Interior finish includes the plaster, wood, or other interior finish materials of walls; partitions, fixed or movable; ceiling; and other exposed interior surfaces of the facility, other than nominal wood trim.

(3) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied so as to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.

(4) In a new constructed, remodeled, or converted facility, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(5) Interior finish materials in facilities shall be as follows:

(a) In small and large open facilities without a sprinkler system, class A or B in exit ways and class A in seclusion rooms. In all other areas, at least class C.

(b) In open facilities with a sprinkler system, at least class C throughout, except in a seclusion room.

(c) In secure facilities, class A throughout regardless of automatic sprinkler protection.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4522 Fire protection.

Rule 522. Fire protection shall be provided in all facilities as follows:

(a) In an existing licensed small facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4523.

(b) In an existing licensed large facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4524.

(c) In a secure facility, an attendant who is awake, fully dressed, and on duty 24 hours a day.

(d) In newly constructed facilities, conversions and additions shall be provided with automatic sprinkler protection in accordance with national fire protection pamphlet 13.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4523 Fire detection; small facilities.

Rule 523. (1) An existing licensed small facility electing to provide fire protection by fire detection shall be protected throughout by approved fire detection provided by at least battery-operated ionization fire detection devices installed in every sleeping room and all areas, except kitchen and bathrooms. The fire detection devices shall comply with all of the following requirements:

- (a) Be listed and labeled by an independent, nationally recognized testing laboratory.
 - (b) Be installed and maintained in accordance with the manufacturer's and test specifications.
 - (c) Be cleaned and tested at least quarterly, with a written record maintained of the cleaning and testing.
 - (d) Be of a type that provides a signal when batteries are not providing sufficient power and when batteries are missing.
- (2) Any battery-operated device required by subrule (1) of this rule which signals power is low or a battery is missing shall be immediately serviced and restored to full power. There shall be not less than a 10% supply of extra batteries maintained at the facility at all times for the total number of battery-operated devices in the facility.
- (3) In small facilities, licensed prior to November 30, 1983, previously approved fire detection systems shall continue to be approved until the facility or portion thereof is remodeled or converted, then fire detection shall be at least as required by this rule for newly constructed, remodeled, or converted facilities in that portion of the facility remodeled or converted.
- (4) Fire detection systems in existing licensed facilities shall be maintained in proper working order and shall be tested at least quarterly, with a written record maintained of the testing.
- (5) All newly licensed small facilities shall be protected with a minimum 110 volt interconnected smoke detectors with battery backup.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015.

R 400.4524 Fire detection; large facilities.

Rule 524. (1) An existing licensed large facility electing to provide fire protection by fire detection shall be equipped with a 100% coverage fire detection system which is tested and listed by a nationally recognized, independent testing laboratory and which is installed in compliance with the national fire protection association standard No. 72, entitled "National Fire Alarm Code", 2013 and these rules except that the installing of wiring and equipment shall comply with national fire protection association standard No. 70, entitled "National Electric Code," 2014.

(2) In an existing licensed large facility, the main power supply source for an automatic fire detection system shall be from an electric utility company and shall be on a separate circuit with an identified and locked circuit breaker. A secondary power supply shall be provided which, in the event of the main power supply failure, will maintain the system in an operative condition for 24 hours and, in the event of a fire, will sound the alarm signaling units for a 5-minute period.

(3) In an existing licensed large facility, where an automatic fire detection system is required, the detection devices shall comply with both of the following provisions:

(a) Be installed in all areas; that is, all rooms, lofts, closets, stairways, corridors, basements, attics, and like areas. Spacing of detection devices shall be as recommended by the manufacturer to provide complete coverage. Small bathrooms containing a single water closet and lavatory, small closets which are not more than 20 square feet, and similar spaces are exempted from this requirement.

(b) Be smoke detectors, except that heat detectors may be installed in attics, kitchens, bathrooms, attached garages, and heating plant rooms instead of smoke detectors. Heat detectors shall be the fixed temperature rate of rise type.

(4) In a new, remodeled, or converted large facility, an automatic fire detection system shall be an electrical, closed circuit, self-supervised system which gives a distinctive signal in a staff-occupied area when trouble occurs in the system, including loss of the main power supply and shall be in compliance with NFPA 72.

(5) In a new, remodeled, or converted large facility, complete final plans and specifications of the automatic fire detection or alarm system, where such a system is to be installed, shall be submitted to the department and approved prior to installation. The plan shall show facility floor plans and locations and types of detection devices, pull-stations, and sounding units. Newly required systems shall have a panel or annunciator located in an area regularly occupied by staff.

(6) In large facilities, licensed prior to November 30, 1983, fire detection systems shall continue to be approved until the facility is converted or a portion thereof is remodeled, then the portion of the facility remodeled or converted shall meet the appropriate requirements of this rule. Where the required new system cannot be added to the existing systems maintaining a single signaling alarm system, the total system shall be replaced and shall comply with this rule for remodeled and converted facilities.

(7) Automatic fire detection systems, fire alarm systems, and fire detection devices shall be maintained in proper working condition. When problems occur, they shall be immediately remedied. When the system is rendered inoperable, staff shall be awake and on duty until the system is again operable.

(8) Fire alarm systems shall be tested and maintained on an annual basis in accordance with NFPA 72. Smoke detector calibration shall be done as recommended. The licensee shall keep a record of fire alarm maintenance.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015.

R 400.4527 Sprinkler systems.

Rule 527. (1) A sprinkler system in a new or converted facility or an addition, shall comply with the 2013 national fire protection association pamphlet No. 13, entitled "Standard for the Installation of Sprinkler Systems." Where there is no adequate water from a community water system to supply a sprinkler system and where the area to be protected does not exceed 20,000 square feet, a special pressure tank supply for sprinklers, as specified in the 2013 edition of national fire protection association standard No. 22, entitled "Standard for Water Tanks for Private Fire Protection," shall be provided.

(2) All required sprinkler systems shall be inspected and tested and all other maintenance performed as specified in the 2014 national fire protection association standard No. 25 entitled "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems" at least once a year by a sprinkler contractor. The licensee shall maintain documentation of the last inspection and test.

(3) A sprinkler system in an existing facility approved before these rules take effect shall continue to be approved until the facility or portion thereof is remodeled, converted, or expanded. The system shall be maintained in accordance with the standards applicable at the time it was originally approved.

(4) When an existing facility is remodeled, converted, expanded or modified which results in the existing sprinkler system not providing adequate protection, fire protection shall be provided by extension of the current system where it is possible to extend the system and maintain its integrity or a new sprinkler system shall be installed in the affected area.

(5) The sprinkler piping for any isolated hazardous area which can be adequately protected by not more than 2 sprinklers may be connected directly to the domestic water system at a point where a minimum 1-inch supply is available. An approved automatic sprinkler control valve and check valve which is locked shall be installed between the sprinklers and the connection to the domestic water supply.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4532 Fire extinguishers.

Rule 532. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service, as specified by NFPA Standard 10.

(2) All required extinguishers shall be recharged after use.

(3) A minimum of 1 approved fire extinguisher shall be provided on each floor and in or immediately adjacent to kitchens, rooms housing combustion-type heating devices, and incinerators. Additional fire extinguishers may be required at the discretion of the fire safety inspector to assure that it is not necessary to travel more than 75 feet to a fire extinguisher.

(4) All fire extinguishers shall be located not less than 4 inches off the floor and the top of the extinguisher shall not be higher than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if both of the following conditions are met:

(a) The locations are clearly labeled "Fire Extinguisher."

(b) All staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least type 2-A-10BC.

(6) In existing small facilities, previously approved fire extinguishers other than type 2-A-10BC will continue to be approved if they are maintained in the area for which approved.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4535 Fire alarm.

Rule 535. (1) All new and converted large and secure facilities shall have a fire alarm with fire alarm pull-stations at each exit on each floor unless otherwise permitted by the following:

(a) Manual fire alarm boxes may be locked, provided that staff is present within the area when it is occupied and all staff have keys readily available to unlock the boxes.

(b) Manual fire alarm boxes may be permitted in a secure staff location, provided that both of the following criteria are met:

(i) The staff location is attended when the building is occupied.

(ii) The staff attendant has direct supervision of the sleeping area.

(2) Fire alarm systems shall be installed and in compliance with NFPA-72.

(3) All new and converted small facilities with resident sleeping on only 1 floor shall have at least a fire alarm device. All new and converted small facilities with sleeping on more than 1 floor shall have a fire alarm system with at least 1 pull-station on each level.

(4) Fire alarm systems and devices in existing facilities shall be maintained in proper working order and shall continue to be approved until the facility is remodeled or converted.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4538 Means of egress.

Rule 538. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in an unobstructed, easily traveled condition at all times.

(2) In an existing facility, each resident-occupied room shall have access to not less than 2 independent, properly separated, approved means of egress or have a doorway leading directly to the outside at grade.

(3) In existing licensed multistory secure and large facilities, at least 1 means of egress from each floor shall be direct to the outside or shall be through an enclosed stairway which is properly separated from exposure from floors below and which exits direct to the outside at grade or a previously approved escape window.

(4) In a small facility where ambulatory residents use a floor above the street level, 1 of the 2 required means of egress may be an approved escape window from each resident-occupied room which provides direct access to the ground and which has a sill height not more than 5 feet above the ground below or which provides access to an approved fire escape.

(5) In a newly constructed, remodeled, or converted facility, each resident-occupied story, including a resident-occupied basement, shall have not less than 2 independent approved means of egress separated by not less than 50% of the longest dimension of the story. All child-occupied rooms shall be situated between two approved exits unless the child-occupied room has an exit leading directly to the outside at grade. One adjacent intervening room shall be permitted between a sleeping room and an approved exit access corridor that leads to two approved exits in opposite or perpendicular directions.

(6) In a newly constructed, remodeled, or converted large or secure facility, additional means of egress, in addition to the minimum of 2 required from each story, are required if the maximum possible occupancy exceeds 100 residents per story. There shall be at least 1 additional means of egress for each 100 additional residents per story. Means of egress shall be of such number and so arranged that it is not necessary to travel more than 100 feet from the door of a resident-occupied room to reach the nearest approved protected exit-way from that story.

(7) An elevator shall not be approved as a required means of egress.

(8) A means of egress shall not be used for the housing of residents or storage of any kind and shall not be obstructed or hidden from view by ornamentation, curtains, or other appurtenances.

(9) Each required means of egress from floors where non-ambulatory residents are permitted shall discharge at grade or shall be equipped with a ramp which terminates at grade level. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.

(10) In a small facility housing 1 or more non-ambulatory or wheelchair residents, required exit-ways forming part of a required means of egress from portions of the facility housing such residents shall be not less than 48 inches wide in a new facility and not less than 44 inches wide in a converted facility, with doors a minimum of 36 inches wide.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4540 Stairways, halls, and corridors.

Rule 540. (1) In existing and small facilities, all stairways and other vertical openings shall be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There shall be at least 1 3/4-inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor shall be equipped with at least 1 1¾-inch solid core wood door with latching hardware.

(2) In all new and converted large and/or secure facilities, stairways and floor-to-floor openings shall be enclosed with materials having at least the fire-resistance rating specified by the national fire protection association standard No. 220, "Standard on Types of Building Construction", 2015, for the type of construction. All other vertical openings through floors shall be fire-stopped with like materials.

(3) Where a facility has 2 or fewer levels, where both levels exit at grade, and where elevations between levels do not exceed 4 feet, the building shall be considered to be 1 story and enclosures shall not be required between levels.

(4) In all new and converted facilities, stairs shall have treads and risers of uniform width and height, with treads not less than 11 inches deep, exclusive of nosing, and risers not more than 7 inches in height.

(5) Stairs in new, remodeled, and converted facilities shall change direction by use of an intermediate landing and not by a variance in the width of treads. A sturdy and securely fastened handrail located between 34 and 38 inches, measured vertically, above the nose of the treads shall be provided.

(6) Stairs in existing facilities approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.

(7) An outside stairway or fire escape used as part of an approved means of egress shall be protected against fire in the building by blank or closed walls directly under such stairway and for a distance of 6 feet in all directions. Windows may be allowed within this area if they are stationary wire glass windows.

(8) In newly constructed small facilities, halls, corridors, aisles, and stairs used as part of a means of egress shall be not less than 44 inches wide and not less than 36 inches wide in converted small facilities, except as required by R 400.4538(10).

(9) In newly constructed and converted large and secure facilities, halls, corridors, and aisles used as part of an exit way shall be not less than 5 feet wide and 90 inches high, and stairs shall be not less than 4 feet wide.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4543 Doors.

Rule 543. (1) Doors to required means of egress shall comply with all of the following provisions:

- (a) Be side-hinged and installed at floor level.
 - (b) Be not less than 36 inches wide in new and converted large and secure facilities and new small facilities, and not less than 30 inches wide in remodeled and converted small facilities, except as required by R 400.4538(10).
 - (c) Be not less than 78 inches high in new, remodeled, and converted facilities.
 - (d) In large and secure facilities, doors shall be hung to swing in the direction of egress, except doors to single-occupant rooms and bathrooms.
 - (e) Be equipped with at least knob-type, properly operating, approved, positive-latching, nonlocking-against-egress-type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except as where otherwise provided by subrule (2) of this rule and R 400.4545.
- (2) In secure facilities, locking hardware is permitted if resident sleeping rooms are equipped with approved electric locks or if there are staff present and awake, fully dressed, on duty, and in possession of keys to release residents in an emergency.
- (3) Doors entering stairs and other vertical openings and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold-open device.
- (4) Interior doors to any enclosure which is required to have not less than a 1-hour fire resistance rating shall be B-labeled fire doors in labeled frames and shall be equipped with positive-latching hardware and self-closing devices.

History: 1983 AACCS.

R 400.4545 Seclusion room.

Rule 545. (1) A seclusion room shall be approved in writing for use as such by the fire inspecting authority and the licensing authority.

- (2) A seclusion room shall be constructed to allow for both visual and auditory supervision of a resident in the room.
- (3) A seclusion room shall have walls and ceiling made of noncombustible materials.
- (4) A seclusion room may have 1 approved locking-against-egress device on the door if a staff person is immediately present and awake and is in possession of a key for the door locking device when the room is being used.
- (5) The egress door in a seclusion room shall open in the direction of egress.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4546 Partition construction.

Rule 546. In new, remodeled, or converted large and secure facilities, rooms shall be separated from corridors used as means of egress with partition construction which extends to the floor or deck above and which affords at least a $\frac{3}{4}$ -hour fire resistance rating. Doors shall be at least $1\frac{3}{4}$ -inch solid wood core. Any glass in these partitions, including doors, shall be wired glass which is not more than 54 inches in any 1 lineal dimension and not more than a total of 1,296 square inches. Where glass breakage is a potential hazard, clear acrylic may be placed directly in contact with and between 2 layers of wired glass to give added strength. Glazing in compliance with national fire protection association pamphlet 257, 2007, and having the required fire resistant rating,

may also be used in walls and in doors when tested in accordance with national fire protection association standard 252, 2012. This rule does not apply where the type of construction requires more restrictive separation.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4548 Large and secure facilities; lighting in means of egress.

Rule 548. (1) In large and secure facilities, all halls, stairways, and means of egress shall be constantly lighted. Approved exit signs shall be installed over each required exit. Exit directional signs shall be provided where exit signs are not readily visible in means of egress. In new and converted large and secure facilities, emergency light packs and exit lights shall be provided along the means of egress. These devices shall include an electric charging unit that will maintain the batteries fully charged.

(2) In new and converted multistory large and or multistory secure facilities, there shall be a system of emergency backup capable of maintaining required lighting for not less than 24 hours in the event of power failure.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4550 Elevators and dumbwaiters.

Rule 550. Elevator and dumbwaiter shafts shall be completely enclosed by noncombustible materials with a fire-resistance rating of not less than 1 hour. An opening shall not be permitted through the side wall enclosure for ventilation or for any other purpose. Doors and frames servicing elevators and dumbwaiters shall be approved B-labeled fire door assemblies and labeled fire frame construction and shall be hung so as to be reasonably smoke tight when the doors are closed. Glass side lights, transoms, and panels above the doors shall be wire glass and shall not exceed 100 square inches.

History: 1983 AACS.

R 400.4552 Heating devices and flame producing devices.

Rule 552. (1) In large and secure facilities and all newly constructed and converted facilities, flame-producing-type heating devices and incinerators shall be in an enclosure providing at least 1-hour resistance to fire. Adequate combustion air shall be provided directly from the outside through a permanently open louver. Fire dampers are not required in ducts penetrating this enclosure.

(2) In existing small facilities, flame-producing-type heating devices and incinerators approved under the standards these rules replace shall continue to be approved with regard to enclosure or lack of enclosure until the portion of the facility containing the flame-producing device is remodeled or the facility is converted. This shall not preclude requirements relative to maintaining doors and other safety factors in proper working order.

(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be approved by a nationally recognized, independent testing laboratory.

(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(5) A fireplace is permitted if it is masonry and has all of the following components:

(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but not less than once every 12 months.

(6) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection. Flammable liquids or gases shall not be stored in a heating plant room.

(7) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete, which has an approved flue lining, and is properly erected and maintained in a safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if the chimney is installed and used in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(8) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

(9) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electro technical Laboratory), shall be placed on all levels approved for child care and in all furnace zones.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4554 Air handling equipment.

R Rule 554. (1) In newly constructed or converted large or secure facilities, air-conditioning, warm air heating, air cooling, and ventilating systems shall comply with the national fire protection association standard No. 90A, entitled "Installation of Air Conditioning and Ventilating Systems," 2002.

(2) In newly constructed or converted large or secure facilities, fans and air handling equipment used for re-circulating air in more than 1 room or single area shall have an approved automatic smoke detector located in the system at a suitable point in the return air duct ahead of the fresh air intake, the actuating of which shall open the electrical circuit supplying the fan motor and when an approved fire alarm system is installed, be connected to the fire alarm system in accordance with national fire protection association standard No. 72, 2013.

(3) In existing facilities, fans and air-handling equipment and systems approved in accordance with the standards these rules replace shall continue to be approved until the facility is converted. This shall not preclude requirements relative to maintaining the

equipment, including thermostatic or other detection devices, and systems, in proper and safe working order.

(4) Fan rooms shall not be designed or used for any other use except housing other mechanical equipment.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4555 Smoke barriers.

Rule 555. (1) Smoke barriers with a 1-hour fire resistance rating shall be provided on each floor used for sleeping rooms for more than 24 residents and shall be so located as to form an area of refuge on either side that is served with an approved means of egress. The barriers shall be located as close as possible to the middle of the floor to be protected and shall extend from outside wall to outside wall and from the floor through any inter-stud spaces to the roof or floor structure above.

(2) Doors in the smoke barrier shall be at least 20-minute fire-rated door or 1 ¾ inch solid core flush door hung in labeled frames with self-closing devices. Where double doors without mullions are used, synchronizing hardware and astragals shall be installed and maintained regularly. For new construction, additions and conversions these doors shall be arranged so that each door swings in a direction opposite from the other.

(3) Doors in smoke barrier partition may be held open only by electric hold-open devices designed so that interruption of the electric current or actuation of the fire alarm, sprinkler system, or the heat or smoke detector will cause the release of the doors. The doors shall also be capable of being opened and closed manually.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4557 Storage rooms.

Rule 557. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rated construction.

History: 1983 AACS.

R 400.4559 Combustible storage.

Rule 559. (1) In a new, remodeled, or converted large facility, hazardous areas and rooms for storage of combustible materials, including all janitor rooms and closets, linen rooms, shipping and receiving rooms, kitchens, kitchen storage rooms, and maintenance shops shall be separated from the remainder of the building by construction having at least a 1-hour fire resistance rating with a "B" rated door with an approved hydraulic closer.

(2) In an existing facility, combustible materials storage rooms and hazardous areas, including janitor rooms and closets, shipping and receiving rooms, kitchen storage rooms, and maintenance shops approved before these rules take effect, shall continue to be approved until the facility or portion thereof is remodeled or converted. All features of fire protection, including fire detection, automatic sprinkler protection, and required fire separations, shall be properly maintained.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4560 Cooking appliances.

Rule 560. (1) Cooking appliances shall be suitably installed in accordance with approved safety practices.

(2) Where metal hoods or canopies are provided over domestic cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.

(3) In a newly constructed, remodeled, or converted large and secure facility, where metal hoods or canopies are provided over commercial kitchen cooking appliances, they shall be designed and equipped in compliance with the national fire protection association standard No. 96, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations," 2014, and shall comply with all of the following requirements:

(a) Filters shall be maintained in an efficient and clean condition.

(b) Only vapor proof electrical wiring and equipment shall be permitted in hoods or canopies.

(c) Exhaust ducts from hoods shall be run to the outside by the shortest possible route. When exhaust ducts are run through open spaces between a ceiling and a floor or roof or through any floors above, the ducts shall be enclosed in horizontal or vertical shafts protected from the remainder of the building by construction which affords a 2-hour fire resistance rating.

(d) Fire extinguishment equipment for the hood and exhaust duct of a cooking appliance in a kitchen shall be in compliance with the national fire protection association standard No. 96, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations".

(4) In an existing facility, metal hoods and canopies approved before these rules take effect shall continue to be approved until the facility or portion thereof which incorporates the kitchen is remodeled or converted. When the kitchen is remodeled or the facility is converted, hoods, canopies, and kitchen hood suppression systems for cooking appliances shall comply with the requirements of this rule for new construction. Filters in any hood or canopy in an existing facility shall be maintained in an efficient and clean condition.

History: 1983 AACs; 2015 MR 9, Eff. June 8, 2015.

R 400.4562 Rubbish handling and incinerators.

Rule 562. (1) In a newly constructed, remodeled, or converted large or secure facility, rubbish handling and incinerators shall be in accordance with the national fire protection association standard No. 82, entitled "Standard on Incinerators and Waste and Linen Handling Systems and Equipment", 2014 Rubbish chutes and refuse bins or rooms shall comply with the provision of this pamphlet for industrial-type incinerators. Approved 2-bushel or less gas incinerators may be placed in an approved furnace room and shall be equipped with approved automatic 100% shutoff controls, including a safety pilot. Feed doors shall be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by approved B-labeled fire door assembly and fire door frames.

(2) In a newly constructed, remodeled, or converted large and/or secure facility, rubbish chutes shall extend not less than 4 feet above the roof and shall be covered by a metal skylight glazed with thin pane glass. A sprinkler head shall be installed at the top of rubbish chutes and within the chutes at alternate floor levels in buildings more than 2 stories in height. A rubbish chute shall empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected with an automatic sprinkler system.

(3) In new construction, incinerator rooms shall have at least 1 wall on an outside wall not exposing a closed court.

(4) In an existing large or secure facility, rubbish handling and incinerators approved before these rules take effect shall continue to be approved until the facility is converted or the portion of the facility which includes the rubbish handling facilities or incinerators is remodeled.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4563 Laundries.

Rule 563. (1) In a newly constructed, remodeled, or converted large or secure facility with a laundry, the laundry shall comply with all of the following requirements:

(a) Be located in a room constructed of materials that have a 1-hour fire resistance rating.

(b) Have steam lines installed with a 1-inch clearance from combustibles.

(c) Have dryer vents constructed of rigid metal vented directly to the exterior or through the roof. Lint traps shall be cleaned each time the dryer is used.

(d) Have 100% automatic and manual shutoff controls for gas appliances other than domestic laundry equipment, which need only have manual shutoff controls.

(e) Have adequate outside air for combustion where combustion-type equipment is used.

(2) In a newly constructed, remodeled, or converted facility, laundry chutes shall be in compliance with all of the following requirements:

(a) Be enclosed in shafts constructed of an assemblage of noncombustible materials having at least a 1-hour resistance to fire. If the shaft does not extend through the roof of the building, the top shall be covered with noncombustible material affording at least a 1-hour resistance to fire. There shall be no openings into the shaft other than those necessary to the intended use of the laundry chute. Feed doors shall be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, a floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by B-labeled fire doors and in labeled frames with self-closing, positive latching hardware.

(b) Have a sprinkler head installed at the top of the chutes and within the laundry chutes at alternate floor levels in buildings over 2 stores in heights.

(c) Empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected by automatic sprinklers.

(d) Have an open vent at the top where the shaft extends through the roof of the building, a skylight which is glazed with ordinary glass and which is not less than 10%

of the shaft area, or a window of ordinary glass which is not less than 10% of the shaft area and which is set into the side of the shaft with the sill of the window not less than 2 feet above the roof level and 10 feet from any property line or other exposure it faces.

(3) In an existing facility, laundry facilities and laundry chutes approved before these rules take effect shall continue to be approved until the facility is converted or the portion of the facility which includes the laundry facility or chute is remodeled.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4564 Motor vehicle housing.

Rule 564. A motor vehicle or gasoline-powered equipment or devices which may cause or communicate fire and are not necessary for the personal care of residents shall not be stored within a facility, unless the area housing such equipment is separated from the rest of the facility by materials having at least a 1-hour fire resistance rating.

History: 1983 AACS.

R 400.4566 Garages.

Rule 566. (1) Garages located beneath, or attached to, a facility shall have walls, partitions, floors, and ceilings separating the garage space from the rest of the facility by construction with not less than a 1-hour fire resistance rating.

(2) In existing facilities, garages located beneath or attached to the facility approved before November 30, 1983 shall continue to be approved until the facility is converted or the portion of the facility containing the garage is remodeled.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4568 Assemblage area.

Rule 568. A resident use assemblage area in a newly constructed, remodeled, or converted facility, such as a recreation room, dining hall, or chapel, with an occupancy of 51 or more persons, as computed by the public assemblage regulations, shall be maintained and arranged in accordance with national life safety code standard 101, 2015, governing places of public assemblage. These rules may be obtained from the department. Each door from an assemblage area occupied by residents shall enter a corridor between exits or there shall be direct egress to the outside from each room. In an existing facility, assemblage areas approved before these rules take effect shall continue to be approved until the areas are remodeled or converted.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

PART 6. FIRE SAFETY FOR RESIDENTIAL GROUP HOME FACILITIES

R 400.4601 Applicability.

Rule 601. The rules in this part apply to residential group homes.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4602 Definitions.

Rule 602. As used in this part:

(a) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department shall make the final approval based on recommendations from the fire inspecting authority.

(b) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for at least 50% of the perimeter of the story.

(c) "Combustible" means that any part of a material can ignite and burn when subjected to fire or excessive heat.

(d) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home facility to a small facility or a large facility or a change in a secure facility. A converted facility shall comply with these rules for fire safety for converted facilities.

(e) "Existing facility" means a building, accessory buildings and surrounding grounds which are licensed or approved by the department as an open institution for 6 or fewer residents at the time these rules take effect and which is not unoccupied or unlicensed for more than 90 consecutive days thereafter. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.

(f) "Facility" means a building and surrounding grounds and recreational areas owned, leased, or primarily rented by a child care organization for use as a residential group home facility to house and sleep residents. "Facility" includes new, remodeled, converted, and existing facilities. Any portion of a facility not used by residents and not used as a required means of egress and which is separated from the rest of the facility by an approved fire barrier, and buildings used by the residents strictly for up and awake activities do not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by the residents strictly for up and awake activities, is retained and directives relative to fire safety of such area or building may be issued to assure the fire safety of those use areas.

(g) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm shall be specifically designated as such and shall not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device shall be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.

(h) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(i) "Means of egress or exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.

(j) "Newly constructed," "new construction," or "new facility" means a structure or addition to a facility after the effective date of these rules.

(k) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of

another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(l) "Remodeled" means changes in a facility that modify existing conditions and includes renovation. Remodeled and affected areas of an institution shall conform to these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(m) "Residential group home facility" means a building used to house not more than 6 residents and is not a secure facility.

(n) "Second story" means the story of a building above the highest story that has a means of egress that is not more than 4 feet to grade.

(o) "Street floor" means the lowest story of a facility that is not a basement.

(p) "Story" means that part of a building between a floor and the floor or roof next above.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4604 Adoption by reference.

Rule 604. The department adopts the fire safety codes and standards in this rule. These codes and standards are available for inspection and distribution to the public at cost at the Michigan Department of Health and Human Services, 201 N. Washington Square, P.O. Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed below. The costs indicated are those in effect at the time these rules are promulgated. The codes and standards adopted are as follows:

(a) Standard No. 10, "Standard for Portable Fire Extinguishers". 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.

(b) Standard No. 13D, "Standard for the Installation of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes", 2007 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$33.50.

(c) Standard No. 25, "Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection systems", 2014 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$54.50.

(d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$89.50.

(e) Standard No. 72, "National Fire Alarm Code", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.

(f) Standard No. 80, "Standard for Fire Doors and Other Opening Protectives", 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.

(g) Standard No. 261, "Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(h) Standard No. 255, "Standard Method of Test of Surface Burning Characteristics of Building Materials", 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(i) Standard No. 701, "Standard Methods of Fire Tests for Flame Propagation of Textiles and Films", 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(j) Standard E-1590 2002, "Standard Method for Fire Testing of Mattresses" American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA, 19428-2959.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4605 Plan review.

Rule 605. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in a residential group home or the construction or conversion of a residential group home.

(2) The plans shall comply with all of the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(3) The plans shall be approved in writing by the bureau of fire services before construction begins.

(4) The plans for residential group homes for not more than 6 residents do not require the seal of a registered architect or engineer.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4606 Evacuation training and telephone.

Rule 606. (1) Staff shall be trained in evacuation of the facility in the event of emergency. A record shall be maintained of the training.

(2) There shall be a telephone for communicating an alarm of fire to the fire department. A pay phone is not acceptable as a phone for communicating an alarm of fire.

(3) The telephone number of the fire department shall be posted by all phones.

History: 1983 AACS.

R 400.4608 Facility location.

Rule 608. A residential group home facility shall not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling, or bottling plant of a liquid petroleum gas installation or other similar hazard.

History: 1983 AACS.

R 400.4612 Combustible materials, decorations, furnishings, and bedding.

Rule 612. (1) A residential group home facility shall be kept free of all accumulation of combustible materials other than those necessary for the daily operation of the residential group home.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.

(3) Newly introduced upholstered furniture shall be tested in accordance with and comply with NFPA-261 unless located in an area having automatic sprinkler protection.

(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having automatic sprinkler protection.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4613 Basement as sleeping room prohibited.

Room 613. A basement shall not be used for sleeping.

History: 1983 AACS.

R 400.4615 Electrical service.

Rule 615. (1) The electrical service shall be maintained in a safe condition.

(2) Where the inspecting authority believes there is a need for an inspection of the electrical system because of its condition, the electrical service shall be inspected by a qualified electrical inspection service. A copy of the inspection report shall be maintained at the facility for review.

(3) Where an electrical system inspection indicates deficiencies in the electrical system, the deficiencies shall be corrected and a certificate of approval shall be maintained at the facility confirming that all deficiencies related to the electrical system have been corrected.

History: 1983 AACS.

R 400.4617 Residential group home facility construction.

Rule 617. A residential group home facility shall be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.

History: 1983 AACS.

R 400.4618 Locked seclusion room; prohibition.

Rule 618. A locked seclusion room is not permitted in a residential group home facility.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4620 Interior finish.

Rule 620. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-77A, 2014; or Underwriters Laboratories standard No. 723, 2008, shall be used to determine interior finishes:

Class	Flame Spread	Smoke Developed
A	0-25	0-450
B	26 - 75	51 - 450
C	76 - 200	126 - 450

The same alphabetical classification is used for combustibility of prefabricated acoustical tile units, only under federal specifications test No. SS-5-118a.

(2) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.

(3) In a newly constructed, remodeled, or converted residential group home, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(4) Interior finishes and materials shall be at least class C throughout.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4621 Automatic sprinkler protection.

Rule 621. All newly constructed residential group homes shall be provided with automatic sprinkler protection in accordance with the requirements of NFPA-13D. Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25.

History: 2015 MR 9, Eff. June 8, 2015.

R 400.4623 Smoke detection equipment.

Rule 623. (1) Newly constructed or licensed residential group homes shall be protected by interconnected smoke detectors in accordance with NFPA 72.

(2) A residential group home facility shall be protected by at least battery-operated smoke detection devices installed in all of the following areas:

(a) Between sleeping areas and the other areas of the facility.

(b) At the top of all interior stairways.

(c) In the immediate vicinity of combustion-type heating and incinerating devices, where such devices are not in an enclosure providing at least 1-hour resistance to fire. Where such devices are in enclosures which provide at least 1-hour resistance to fire, a fire detection device shall be immediately outside of the enclosure.

(d) At least 1 on every floor.

(3) Fire detection devices shall comply with all of the following requirements:

(a) Be listed or labeled by an independent, nationally recognized testing laboratory.

(b) Be installed and maintained in accordance with the manufacturer's and test specifications.

(c) Be cleaned and tested at least quarterly.

(d) Have the batteries replaced at least annually.

(e) Be of a type that provides a signal when batteries are not providing sufficient power and where batteries are missing.

(4) Any device required by this rule which signals that power is low or a battery is missing shall be immediately serviced and restored to full power.

(5) A written record shall be maintained in the facility of quarterly cleanings and testing of devices and of annual battery replacements.

(6) Fire detection systems in an existing residential group home facility, approved before November 30, 1983 shall continue to be approved. All fire detection systems in residential group homes shall be maintained in proper working order.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4632 Fire extinguishers.

Rule 632. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service.

(2) All required extinguishers shall be recharged after use.

(3) A minimum of 1 approved fire extinguisher shall be provided on each floor.

(4) All fire extinguishers shall be at least 4 inches off the floor and the top of the extinguisher shall be less than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if all staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least a type 2-A-10BC.

(6) In existing facilities licensed prior to November 30, 1983, previously approved fire extinguishers other than a 2-A-10BC type will continue to be approved if they are maintained in the area for which they are approved.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4635 Fire alarm systems.

Rule 635. A residential group home facility shall be equipped with a fire alarm device. The device shall be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.

History: 1983 AACCS; 2015 MR 9, Eff. June 8, 2015.

R 400.4638 Means of egress.

Rule 638. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in unobstructed, easily traveled condition at all times.

(2) There shall be not less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress shall be through a side-hinged door. The door shall be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.

(3) A second story shall only be used by ambulatory residents and shall comply with 1 of the following requirements:

(a) Two open stairways separated by not less than 50% of the longest dimension of the story.

(b) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape shall be constructed of not less than 2-inch nominal lumber and be in good repair.

(c) One interior stairway and all floors separated by materials which afford at least a 3/4-hour fire resistance rating. The doors separating floors shall be at least 1 3/4-inch solid wood core and shall be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story shall have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.

(4) A basement used by residents requires 1 means of egress which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4638 Means of egress.

Rule 638. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in unobstructed, easily traveled condition at all times.

(2) There shall be not less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress shall be through a side-hinged door. The door shall be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.

(3) A second story shall only be used by ambulatory residents and shall comply with 1 of the following requirements:

(a) Two open stairways separated by not less than 50% of the longest dimension of the story.

(b) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape shall be constructed of not less than 2-inch nominal lumber and be in good repair.

(c) One interior stairway and all floors separated by materials which afford at least a 3/4-hour fire resistance rating. The doors separating floors shall be at least 1 3/4-inch solid wood core and shall be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story shall have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.

(4) A basement used by residents requires 1 means of egress which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4639 Special requirements for facilities caring for nonambulatory residents.

Rule 639. A residential group home facility providing care to 1 or more nonambulatory residents shall comply with all of the following provisions:

(a) House such residents only on the street floor.

(b) Have required exitways which are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors shall be a minimum of 36 inches wide.

(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.

History: 1983 AACS.

R 400.4640 Stairs.

Rule 640. (1) In new and converted facilities, stairs shall have treads of uniform width and risers of uniform heights. In converted facilities, treads shall be not less than 9 1/2 inches deep, exclusive of nosing, and risers shall be not more than 7 3/4 inches in height. In newly constructed facilities, treads shall be not less than 11 inches deep, exclusive of nosing, and risers shall be not more than 7 inches in height.

(2) Stairs in an existing facility approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4643 Doors.

Rule 643. (1) Doors to required means of egress shall be equipped with at least knob-type, properly operating, positive-latching, nonlocking-against-egress-type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except that an approved sliding door may be equipped with a non-key locking device.

(2) Required doors entering stairs and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold-open device.

History: 1983 AACS.

R 400.4652 Heating devices and flame-producing devices.

Rule 652. (1) Flame-producing-type heating devices and incinerator devices on any story used by residents shall be in an enclosure that provides at least 1-hour resistance to fire. Any interior door to the enclosure shall be of at least a B-labeled fire door in a labeled frame equipped with latching hardware and a self-closing device. Adequate combustion air shall be provided to the enclosure directly from the outside through a permanently opened louver or continuous ducts. Fire dampers are not required in ducts penetrating this enclosure.

(2) Where flame-producing-type heating devices or incinerator devices are located on a story not used by residents, there shall be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story shall have at least a 1 3/4 inch solid wood core door which is equipped with latching hardware and a self-closing device separating the non-resident-used story from resident-used stories.

(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be of a type approved by a nationally recognized, independent testing laboratory.

(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(5) A fireplace is permitted if it is masonry and has all of the following components:

(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but at least once every 12 months.

(6) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection.

(7) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete which has an approved flue lining and is properly erected and maintained in safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if it is installed in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(8) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4657 Storage rooms.

Rule 657. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rating and interior door openings protected with minimum B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

R 400.4660 Cooking appliances.

Rule 660. (1) Cooking appliances shall be of the domestic type and shall be installed in accordance with approved safety practices.

(2) Where hoods or canopies are provided over the cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.

History: 1983 AACS.

R 400.4666 Garages.

Rule 666. (1) Garages located beneath a residential group home facility shall have walls, partitions, floors, and ceilings separating the garage from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies.

(2) Garages attached to a facility shall be separated from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.

History: 1983 AACS; 2015 MR 9, Eff. June 8, 2015.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**ACT NO. 116 OF THE PUBLIC ACTS
OF 1973, AS AMENDED
Effective March 28, 2018**

**Pertaining to the Regulation of Child Care
Organizations Including:**

**Child Caring Institution Children's Therapeutic Group
Home Child Placing Agency Foster Family Home
Foster Family Group Home**

Michigan Department of Health and Human Services
Division of Child Welfare Licensing: www.michigan.gov/mdhhslicensing

**Children's Camp
Child Care Center
Family Child Care Home
Group Child Care Home**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Child Care Licensing Division: www.michigan.gov/michildcare
Adult Foster Care and Camp Licensing Division:
www.michigan.gov/afchfa and www.michigan.gov/laracamps

PREFACE

Text in boldface type, including catchlines and annotations printed before and after each section of the statute, are not a part of the law as enacted by the Legislature.

By Executive Reorganization Order No. 1996-1 and 1996-2, effective April 1, 1996, the references to the Department of Social Services within 1973 PA 116, MCL722.11 et seq: are now assigned to the Department of Consumer & Industry Services.

By Executive Reorganization Order No. 2003-18 effective December 7, 2003, the references to the Department of Consumer and Industry Services within this act are now assigned to the Michigan Family Independence Agency.

By Executive Reorganization Order No. 2004-38 effective March 15, 2005, the references to the Michigan Family Independence Agency within this act are now assigned to the Michigan Department of Human Services.

By Executive Reorganization Order No. 2015-04, effective April 10, 2014, the references to all powers and duties pertaining to child welfare licensing and regulation within this act are assigned to the Michigan Department of Health and Human Services. References to all powers and duties pertaining to children's camp, child care center, group child care home, and family child care home licensing and regulation within the act are transferred from the Michigan Department of Human Services to the Department of Licensing and Regulatory Affairs.

Request for additional copies of this publication should be directed to the Michigan Department of Health and Human Services, Division of Child Welfare Licensing, 235 S. Grand, Suite 1305, PO Box 30650, Lansing, Michigan, 48909-8150.

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CHILD CARE ORGANIZATIONS

Act 116 of 1973

AN ACT to provide for the protection of children through the licensing and regulation of child care organizations; to provide for the establishment of standards of care for child care organizations; to prescribe powers and duties of certain departments of this state and adoption facilitators; to provide penalties; and to repeal acts and parts of acts.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1994, Act 209, Eff. Jan. 1, 1995;—Am. 1997, Act 165, Eff. Mar. 31, 1998.

The People of the State of Michigan enact:

722.111 Definitions.

Sec. 1. (1) As used in this act:

(a) “Child care staff member” means an individual who is 18 years of age or older to whom 1 or more of the following applies:

(i) The individual is employed by a child care center, group child care home, or family child care home for compensation, including a contract employee or a self-employed individual.

(ii) An individual whose activities involve the unsupervised care or supervision of children for a child care center, group child care home, or family child care home.

(iii) An individual who has unsupervised access to children who are cared for or supervised by a child care center, group child care home, or family child care home.

(iv) An individual who acts in the role of a licensee designee or program director.

(b) “Child care organization” means a governmental or nongovernmental organization having as its principal function receiving minor children for care, maintenance, training, and supervision, notwithstanding that educational instruction may be given. Child care organization includes organizations commonly described as child caring institutions, child placing agencies, children’s camps, children’s campsites, children’s therapeutic group homes, child care centers, day care centers, nursery schools, parent cooperative preschools, foster homes, group homes, or child care homes. Child care organization does not include a governmental or nongovernmental organization that does either of the following:

(i) Provides care exclusively to minors who have been emancipated by court order under section 4(3) of 1968 PA 293, MCL 722.4.

(ii) Provides care exclusively to persons who are 18 years of age or older and to minors who have been emancipated by court order under section 4(3) of 1968 PA 293, MCL 722.4, at the same location.

(c) “Child caring institution” means a child care facility that is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the child caring institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution includes a maternity home for the care of unmarried mothers who are minors and an agency group home, that is described as a small child caring institution, owned, leased, or rented by a licensed agency providing care for more than 4 but less than 13 minor children. Child caring institution also includes institutions for developmentally disabled or emotionally disturbed minor children. Child caring institution does not include a hospital, nursing home, or home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260, a boarding school licensed under section 1335 of the revised school code, 1976 PA 451, MCL 380.1335, a hospital or facility operated by the state or licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, or an adult foster care family home or an adult foster care small group home licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737, in which a child has been placed under section 5(6).

(d) “Child placing agency” means a governmental organization or an agency organized under the nonprofit corporation act, 1982 PA 162, MCL 450.2101 to 450.3192, for the purpose of receiving children for placement in private family homes for foster care or for adoption. The function of a child placing agency may include investigating applicants for adoption and investigating and certifying foster family homes and foster family group homes as provided in this act. The function of a child placing agency may also include supervising children who are at least 16 but less than 21 years of age and who are living in unlicensed residences as provided in section 5(4).

(e) “Children’s camp” means a residential, day, troop, or travel camp that provides care and supervision and is conducted in a natural environment for more than 4 children, apart from the children’s parents, relatives, or legal guardians, for 5 or more days in a 14-day period.

(f) “Children’s campsite” means the outdoor setting where a children’s residential or day camp is located.

(g) “Children’s therapeutic group home” means a child caring institution receiving not more than 6 minor children who are diagnosed with a developmental disability as defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a, or a serious emotional disturbance as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d, and that meets all of the following requirements:

(i) Provides care, maintenance, and supervision, usually on a 24-hour basis.

(ii) Complies with the rules for child caring institutions, except that behavior management rooms, personal restraint, mechanical restraint, or seclusion, which is allowed in certain circumstances under licensing rules, are prohibited in a children’s therapeutic group home.

(iii) Is not a private home.

(iv) Is not located on a campus with other licensed facilities.

(h) “Child care center” means a facility, other than a private residence, receiving 1 or more children under 13 years of age for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the child. Child care center includes a facility that provides care for not less than 2 consecutive weeks, regardless of the number of hours of care per day. The facility is generally described as a child care center, day care center, day nursery, nursery school, parent cooperative preschool, play group, before- or after-school program, or drop-in center. Child care center does not include any of the following:

(i) A Sunday school, a vacation bible school, or a religious instructional class that is conducted by a religious organization where children are attending for not more than 3 hours per day for an indefinite period or for not more than 8 hours per day for a period not to exceed 4 weeks during a 12-month period.

(ii) A facility operated by a religious organization where children are in the religious organization’s care for not more than 3 hours while persons responsible for the children are attending religious services.

(iii) A program that is primarily supervised, school-age-child-focused training in a specific subject, including, but not limited to, dancing, drama, music, or religion. This exclusion applies only to the time a child is involved in supervised, school-age-child-focused training.

(iv) A program that is primarily an incident of group athletic or social activities for school-age children sponsored by or under the supervision of an organized club or hobby group, including, but not limited to, youth clubs, scouting, and school-age recreational or supplementary education programs. This exclusion applies only to the time the school-age child is engaged in the group athletic or social activities and if the school-age child can come and go at will.

(v) A program that primarily provides therapeutic services to a child.

(i) “Conviction” means a final conviction, the payment of a fine, a plea of guilty or nolo contendere if accepted by the court, a finding of guilt for a criminal law violation or a juvenile adjudication or disposition by the juvenile division of probate court or family division of circuit court for a violation that if committed by an adult would be a crime, or a conviction in a tribal court or a military court.

(j) “Criminal history check” means a fingerprint-based criminal history record information background check through the department of state police and the Federal Bureau of Investigation.

(k) “Criminal history record information” means that term as defined in section 1a of 1925 PA 289, MCL 28.241a.

(l) “Department” means the department of health and human services and the department of licensing and regulatory affairs or a successor agency or department responsible for licensure under this act. The department of licensing and regulatory affairs is responsible for licensing and regulatory matters for child care centers, group child care homes, family child care homes, children’s camps, and children’s campsites. The department of health and human services is responsible for licensing and regulatory matters for child caring institutions, child placing agencies, children’s therapeutic group homes, foster family homes, and foster family group homes.

(m) “Eligible” means that the individual obtained the checks and clearances described in sections 5n and 5q and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member.

(n) “Ineligible” means that the individual obtained the checks and clearances as described in sections 5n and 5q and is not considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member due to violation of section 5n, 5q, or 5r.

(o) “Private home” means a private residence in which the licensee permanently resides, which residency is not contingent upon caring for children or employment by a child placing agency. Private home includes a full-time foster family home, a full-time foster family group home, a group child care home, or a family child care home, as follows:

(i) “Foster family home” means a private home in which 1 but not more than 4 minor children, who are not related to an adult member of the household by blood or marriage, or who are not placed in the household under the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70, are given care and supervision for 24 hours a day, for 4 or more days a week, for 2 or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.

(ii) “Foster family group home” means a private home in which more than 4 but fewer than 7 minor children, who are not related to an adult member of the household by blood or marriage, or who are not placed in the household under the Michigan adoption code, chapter X of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70, are provided care for 24 hours a day, for 4 or more days a week, for 2 or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.

(iii) “Family child care home” means a private home in which 1 but fewer than 7 minor children are received for care and supervision for compensation for periods of less than 24 hours a day, unattended by a parent or legal guardian, except children related to an adult member of the household by blood, marriage, or adoption. Family child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year. A family child care home does not include an individual providing babysitting services for another individual. As used in this subparagraph, “providing babysitting services” means caring for a

child on behalf of the child's parent or guardian when the annual compensation for providing those services does not equal or exceed \$600.00 or an amount that would according to the internal revenue code of 1986 obligate the child's parent or guardian to provide a form 1099-MISC to the individual for compensation paid during the calendar year for those services.

(iv) "Group child care home" means a private home in which more than 6 but not more than 12 minor children are given care and supervision for periods of less than 24 hours a day unattended by a parent or legal guardian, except children related to an adult member of the household by blood, marriage, or adoption. Group child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year.

(p) "Legal custodian" means an individual who is at least 18 years of age in whose care a minor child remains or is placed after a court makes a finding under section 13a(5) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.13a.

(q) "Licensee" means a person, partnership, firm, corporation, association, nongovernmental organization, or local or state government organization that has been issued a license under this act to operate a child care organization.

(r) "Listed offense" means that term as defined in section 2 of the sex offenders registration act, 1994 PA 295, MCL 28.722.

(s) "Member of the household" means any individual who resides in a family child care home, group child care home, foster family home, or foster family group home on an ongoing basis, or who has a recurrent presence in the home, including, but not limited to, overnight stays. For foster family homes and foster family group homes, a member of the household does not include a foster child. For group child care homes and family child care homes, a member of the household does not include a child to whom child care is being provided.

(t) "Original license" means a license issued to a child care organization during the first 6 months of operation indicating that the organization is in compliance with all rules promulgated by the department under this act.

(u) "Provisional license" means a license issued to a child care organization that is temporarily unable to conform to the rules promulgated under this act.

(v) "Regular license" means a license issued to a child care organization indicating that the organization is in substantial compliance with all rules promulgated under this act and, if there is a deficiency, has entered into a corrective action plan.

(w) "Guardian" means the guardian of the person.

(x) "Minor child" means any of the following:

(i) A person less than 18 years of age.

(ii) A person who is a resident in a child caring institution, foster family home, or foster family group home, who is at least 18 but less than 21 years of age, and who meets the requirements of the young adult voluntary foster care act, 2011 PA 225, MCL 400.641 to 400.671.

(iii) A person who is a resident in a child caring institution, children's camp, foster family home, or foster family group home; who becomes 18 years of age while residing in a child caring institution, children's camp, foster family home, or foster family group home; and who continues residing in a child caring institution, children's camp, foster family home, or foster family group home to receive care, maintenance, training, and supervision. A minor child under this subparagraph does not include a person 18 years of age or older who is placed in a child caring institution, foster family home, or foster family group home under an adjudication under section 2(a) of chapter XIIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, or under section 1 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.1. This subparagraph applies only if the number of those residents who become 18 years of age does not exceed the following:

(A) Two, if the total number of residents is 10 or fewer.

(B) Three, if the total number of residents is not less than 11 and not more than 14.

(C) Four, if the total number of residents is not less than 15 and not more than 20.

(D) Five, if the total number of residents is 21 or more.

(iv) A person 18 years of age or older who is placed in an unlicensed residence under section 5(4) or a foster family home under section 5(7).

(y) "Related" means in the relationship by blood, marriage, or adoption, as parent, grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great-uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin once removed, and the spouse of any of the individuals described in this definition, even after the marriage has ended by death or divorce.

(z) "Religious organization" means a church, ecclesiastical corporation, or group, not organized for pecuniary profit, that gathers for mutual support and edification in piety or worship of a supreme deity.

(aa) "School-age child" means a child who is eligible to attend a grade of kindergarten or higher, but is less than 13 years of age. A child is considered to be a school-age child on the first day of the school year in which he or she is eligible to attend school.

(bb) "Severe physical injury" means that term as defined in section 8 of the child protection law, 1975 PA 238, MCL 722.628.

(cc) “Licensee designee” means the individual designated in writing by the board of directors of the corporation or by the owner or person with legal authority to act on behalf of the company or organization on licensing matters. The individual must agree in writing to be designated as the licensee designee. All license applications must be signed by the licensee in the case of the individual or by a member of the corporation, company, or organization.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1978, Act 438, Imd. Eff. Oct. 5, 1978;—Am. 1980, Act 32, Imd. Eff. Mar. 10, 1980;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 1980, Act 510, Imd. Eff. Jan. 26, 1981;—Am. 1981, Act 126, Imd. Eff. July 23, 1981;—Am. 1984, Act 139, Imd. Eff. June 1, 1984;—Am. 1991, Act 162, Imd. Eff. Dec. 9, 1991;—Am. 1994, Act 205, Eff. Jan. 1, 1995;—Am. 2002, Act 696, Eff. Mar. 31, 2003;—Am. 2005, Act 202, Imd. Eff. Nov. 10, 2005;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2009, Act 155, Imd. Eff. Nov. 24, 2009;—Am. 2010, Act 379, Imd. Eff. Dec. 22, 2010;—Am. 2011, Act 228, Imd. Eff. Nov. 22, 2011;—Am. 2014, Act 65, Imd. Eff. Mar. 28, 2014;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.111a Concurrent licensing as adult foster care family home or adult foster care small group home; additional children; combined licensed capacity; limitation; definitions.

Sec. 1a. (1) A private residence licensed as a foster family home or foster family group home may be concurrently licensed as an adult foster care family home. Additional children not related to a resident of the foster family home or foster family group home shall not be received in the foster family home or foster family group home after the filing of an application for an adult foster care family home license.

(2) A child caring institution with a licensed capacity of 6 or fewer residents may be concurrently licensed as an adult foster care small group home. Additional children not related to a resident of the child caring institution shall not be received in the child caring institution after the filing of an application for an adult foster care small group home license. The combined licensed capacity shall not exceed a combination of 6 children and adults.

(3) A group child care home or a family child care home shall not be concurrently licensed as an adult foster care family home or an adult foster care small group home.

(4) As used in this section:

(a) “Adult foster care family home” means that term as defined in section 3 of the adult foster care facility licensing act, 1979 PA 218, MCL 400.703.

(b) “Adult foster care small group home” means that term as defined in section 3 of the adult foster care facility licensing act, 1979 PA 218, MCL 400.703.

History: Add. 1984, Act 139, Imd. Eff. June 1, 1984;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.112 Rules; ad hoc committee; restrictions; review.

Sec. 2. (1) The departments of health and human services and licensing and regulatory affairs are responsible for the development of rules for the care and protection of children in organizations covered by this act and for the promulgation of these rules according to the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

(2) The department shall establish an ad hoc committee for each type of child care organization as defined in this act when it is formulating or amending rules under this act. The committee shall consist of not less than 12 members, and shall include representatives of the following groups and agencies:

(a) Department of health and human services.

(b) Department of licensing and regulatory affairs, bureau of fire services, and state fire safety board.

(c) Department of education.

(d) Representatives of organizations affected by this act.

(e) Parents of children affected by this act.

(3) A majority of the members appointed to the committee established by subsection (2) shall be representatives of organizations affected by this act and parents of children affected by this act. The committee shall serve during the period of the formulation of rules, shall have responsibility for making recommendations on the content of rules, and shall recommend to the department revisions in proposed rules at any time before their promulgation.

(4) The rules promulgated under this act shall be restricted to the following:

(a) The operation and conduct of child care organizations and the responsibility the organizations assume for child care.

(b) The character, suitability, health, training, and qualifications of applicants and other persons directly responsible for the care and welfare of children served.

(c) The character and health of household members.

(d) The general financial ability and competence of applicants to provide necessary care for children and to maintain prescribed standards.

(e) The number of individuals or staff required to ensure adequate supervision and care of the children received.

(f) The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well being of the children received. The rules with respect to fire prevention and fire

safety do not apply to a child care center established and operated by an intermediate school board, the board of a local school district, or by the board or governing body of a state approved nonpublic school, if the child care center is located in a school building that is approved by the bureau of fire services created in section 1b of the fire prevention code, 1941 PA 207, MCL

29.1b, or other similar authority as provided in section 3 of 1937 PA 306, MCL 388.853, for school purposes and is in compliance with the school fire safety rules, R 29.1901 to R 29.1934 of the Michigan Administrative Code, as determined by the bureau of fire services or a fire inspector certified under section 2b of the fire prevention code, 1941 PA 207, MCL 29.2b.

(g) Provisions for food, clothing, educational opportunities, programs, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of children served.

(h) Provisions to safeguard the legal rights of children served.

(i) Maintenance of records pertaining to admission, progress, health, and discharge of children.

(j) Filing of reports with the department.

(k) Discipline of children.

(l) Transportation safety.

(5) Rules once promulgated are subject to major review by an ad hoc committee not less than once every 5 years and shall be reviewed biennially by the department. The ad hoc committee shall be established by the department, shall consist of not less than 12 members, and shall include representatives of the groups and agencies indicated in subsection (2). The ad hoc committee shall hold at least 2 public hearings regarding the review of rules and shall report its recommendations regarding rules to the appropriate committees of the legislature.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1983, Act 150, Imd. Eff. July 18, 1983;—Am. 2006, Act 206, Imd. Eff. June 19, 2006;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.112a Child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home; individual certified in first aid and cardiopulmonary resuscitation; applicability of MCL 722.125.

Sec. 2a. (1) A child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home shall have individuals present, as prescribed in the appropriate administrative rules, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.

(2) Section 15 does not apply to this section.

History: Add. 1994, Act 349, Eff. Dec. 16, 1995;—Am. 1998, Act 440, Imd. Eff. Dec. 30, 1998;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.112b Definitions; scope.

Sec. 2b. (1) As used in this section and sections 2c, 2d, and 2e, unless the context requires otherwise:

(a) “Adaptive device” means a mechanical device incorporated in the individual plan of services that is intended to provide anatomical support or to assist the minor child with adaptive skills.

(b) “Chemical restraint” means a drug that meets all of the following criteria:

(i) Is administered to manage a minor child’s behavior in a way that reduces the safety risk to the minor child or others.

(ii) Has the temporary effect of restricting the minor child’s freedom of movement.

(iii) Is not a standard treatment for the minor child’s medical or psychiatric condition.

(c) “Emergency safety intervention” means use of personal restraint or seclusion as an immediate response to an emergency safety situation.

(d) “Emergency safety situation” means the onset of an unanticipated, severely aggressive, or destructive behavior that places the minor child or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention.

(e) “Individual plan of services” means that term as defined in section 100b of the mental health code, 1974 PA 258, MCL 330.1100b.

(f) “Licensed practitioner” means an individual who has been trained in the use of personal restraint and seclusion, who is knowledgeable of the risks inherent in the implementation of personal restraint and seclusion, and who is 1 of the following:

(i) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(ii) An individual who has been issued a specialty certification as a nurse practitioner under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(iii) A physician’s assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(iv) A registered nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(v) A psychologist and a limited licensed psychologist licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(vi) A counselor and a limited licensed counselor licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(vii) A licensed master's social worker licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(g) "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. Mechanical restraint does not include the use of a protective or adaptive device or a device primarily intended to provide anatomical support. Mechanical restraint does not include use of a mechanical device to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.

(h) "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. Personal restraint does not include:

(i) The use of a protective or adaptive device.

(ii) Briefly holding a minor child without undue force in order to calm or comfort him or her.

(iii) Holding a minor child's hand, wrist, shoulder, or arm to safely escort him or her from 1 area to another.

(iv) The use of a protective or adaptive device or a device primarily intended to provide anatomical support.

(i) "Protective device" means an individually fabricated mechanical device or physical barrier, the use of which is incorporated in the individualized written plan of service. The use of a protective device is intended to prevent the minor child from causing serious self-injury associated with documented, frequent, and unavoidable hazardous events.

(j) "Seclusion" means the involuntary placement of a minor child in a room alone, where the minor child is prevented from exiting by any means, including the physical presence of a staff person if the sole purpose of that staff person's presence is to prevent the minor child from exiting the room. Seclusion does not include the use of a sleeping room during regular sleeping hours to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) and (b) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, if the minor child's individual case treatment plan indicates that the security precautions would be in the minor child's best interest.

(k) "Serious injury" means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel that results from an emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

(2) The provisions of this section and sections 2c, 2d, and 2e only apply to a child caring institution that contracts with or receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution.

History: Add. 2004, Act 531, Imd. Eff. Jan. 3, 2005;—Am. 2007, Act 217, Imd Eff. Dec. 28, 2007

722.112c Personal restraint or seclusion; use in child caring institution contracting with community mental health services program or prepaid inpatient health plan; education, training, and knowledge.

Sec. 2c. (1) If a child caring institution contracts with and receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in a child caring institution, the child caring institution may place a minor child in personal restraint or seclusion only as provided in this section and sections 2d and 2e but shall not use mechanical restraint or chemical restraint.

(2) A child caring institution shall require its staff to have ongoing education, training, and demonstrated knowledge of all of the following:

(a) Techniques to identify minor children’s behaviors, events, and environmental factors that may trigger emergency safety situations.

(b) The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods to prevent emergency safety situations.

(c) The safe use of personal restraint or seclusion, including the ability to recognize and respond to signs of physical distress in minor children who are in personal restraint or seclusion or who are being placed in personal restraint or seclusion.

(3) A child caring institution’s staff shall be trained in the use of personal restraint and seclusion, shall be knowledgeable of the risks inherent in the implementation of personal restraint and seclusion, and shall demonstrate competency regarding personal restraint or seclusion before participating in the implementation of personal restraint or seclusion. A child caring institution’s staff shall demonstrate their competencies in these areas on a semiannual basis. The department shall review and determine the acceptability of the child caring institutions’ staff education, training, knowledge, and competency requirements required by this subsection and the training and knowledge required of a licensed practitioner in the use of personal restraint and seclusion.

History: Add. 2004, Act 531, Imd. Eff. Jan. 3, 2005;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.112d Personal restraint or seclusion; use; limitations; requirements; order; evaluation; face-to-face assessment; definitions.

Sec. 2d. (1) Personal restraint or seclusion shall not be imposed as a means of coercion, discipline, convenience, or retaliation by a child caring institution's staff.

(2) An order for personal restraint or seclusion shall not be written as a standing order or on an as-needed basis.

(3) Personal restraint or seclusion must not result in serious injury to the minor child and shall be used only to ensure the minor child's safety or the safety of others during an emergency safety situation. Personal restraint or seclusion shall only be used until the emergency safety situation has ceased and the minor child's safety and the safety of others can be ensured even if the order for personal restraint or seclusion has not expired. Personal restraint and seclusion of a minor child shall not be used simultaneously.

(4) Personal restraint or 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 physical or sexual abuse.

(5) Except as provided in subsection (6), at the time a minor child is admitted to a child caring institution, the child caring institution shall do all of the following:

(a) Inform the minor child and his or her parent or legal guardian of the provider's policy regarding the use of personal restraint or seclusion during an emergency safety situation that may occur while the minor child is under the care of the child caring institution.

(b) Communicate the provider's personal restraint and seclusion policy in a language that the minor child or his or her parent or legal guardian will understand, including American sign language, if appropriate. The provider shall procure an interpreter or translator, if necessary to fulfill the requirement of this subdivision.

(c) Obtain a written acknowledgment from the minor child's parent or legal guardian that he or she has been informed of the provider's policy on the use of personal restraint and seclusion during an emergency safety situation. The child caring institution's staff shall file the acknowledgment in the minor child's records.

(d) Provide a copy of the policy to the minor child's parent or legal guardian.

(6) The child caring institution is not required to inform, communicate, and obtain the written acknowledgment from a minor child's parent or legal guardian as specified in subsection (5) if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudicated to be a dependent, neglected, or delinquent under chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that notice would not be in the minor child's best interest.

(7) An order for personal restraint or seclusion shall only be written by a licensed practitioner.

(8) A licensed practitioner shall order the least restrictive emergency safety intervention measure that is most likely to be effective in resolving the emergency safety situation based on consultation with staff. Consideration of less restrictive emergency safety intervention measures shall be documented in the minor child's record.

(9) If the order for personal restraint or seclusion is verbal, it must be received by a child caring institution staff member who is 1 of the following:

(a) A licensed practitioner.

(b) A social services supervisor.

(c) A supervisor of direct care workers.

(d) A practical nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(10) A verbal order must be received while personal restraint or seclusion is being initiated by child caring institution staff or immediately after the emergency safety situation begins. The licensed practitioner shall be available to staff for consultation, at least by telephone, throughout the period of personal restraint or seclusion. The licensed practitioner shall verify the verbal order in signed written form in the minor child's record.

(11) An order for personal restraint or seclusion shall meet both of the following criteria:

(a) Be limited to no longer than the duration of the emergency safety situation.

(b) Not exceed 4 hours for a minor child 18 years of age or older; 2 hours for a minor child 9 to 17 years of age; or 1 hour for a minor child under 9 years of age.

(12) If more than 2 orders for personal restraint or seclusion are ordered for a minor child within a 24-hour period, the director of the child caring institution or his or her designated management staff shall be notified to determine whether additional measures should be taken to facilitate discontinuation of personal restraint or seclusion.

(13) If personal restraint continues for less than 15 minutes or seclusion continues for less than 30 minutes from the onset of the emergency safety intervention, the child caring institution staff qualified to receive a verbal order for personal restraint or seclusion, in consultation with the licensed practitioner, shall evaluate the minor child's psychological well-being immediately after the minor child is removed from seclusion or personal restraint. Staff shall also evaluate the minor child's physical well-being or determine if an evaluation is needed by a licensed practitioner authorized to conduct a face-to-face assessment under subsection (14).

(14) A face-to-face assessment shall be conducted if the personal restraint continues for 15 minutes or more from the onset of the emergency safety intervention or if seclusion continues for 30 minutes or more from the onset of the emergency safety intervention. This face-to-face assessment shall be conducted by a licensed practitioner who is 1 of the following:

(a) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(b) An individual who has been issued a specialty certification as a nurse practitioner under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(c) A physician's assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(d) A registered nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(15) The face-to-face assessment shall be conducted within 1 hour of the onset of the emergency safety intervention and immediately after the minor child is removed from personal restraint or seclusion. The face-to-face assessment of the physical and psychological well-being of the minor child shall include, but is not limited to, all of the following:

(a) The minor child's physical and psychological status.

(b) The minor child's behavior.

(c) The appropriateness of the intervention measures.

(d) Any complications resulting from the intervention.

(16) As used in this section:

(a) "Social services supervisor" means an individual who supervises a social services worker. A social services supervisor must possess either a master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social services worker or a bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social services worker.

(b) "Social services worker" means an individual who works directly with residents, residents' families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of service plans for the resident.

(c) "Supervisor of direct care workers" means an individual who supervises workers who provide direct care and supervision of children in an institution. A supervisor of direct care workers must have 1 of the following:

(i) A bachelor's degree from an accredited college or university and 2 years of work experience in a child caring institution.

(ii) Two years of college from an accredited college or university and 3 years of work experience in a child caring institution.

(iii) A high school diploma and 4 years of work experience in a child caring institution.

History: Add. 2004, Act 531, Imd. Eff. Jan. 3, 2005;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.112e Personal restraint or seclusion; release; documentation; record; notification; debriefing; report of serious occurrence; annual report.

Sec. 2e. (1) A minor child shall be released from personal restraint or seclusion whenever the circumstance that justified the use of personal restraint or seclusion no longer exists.

(2) Each instance of personal restraint or seclusion requires full justification for its use, and the results of the evaluation immediately following the use of personal restraint or seclusion shall be placed in the minor child's record.

(3) Each order for personal restraint or seclusion shall include all of the following:

(a) The name of the licensed practitioner ordering personal restraint or seclusion.

(b) The date and time the order was obtained.

(c) The personal restraint or seclusion ordered, including the length of time for which the licensed practitioner ordered its use.

(4) The child caring institution staff shall document the use of the personal restraint or seclusion in the minor child's record. That documentation shall be completed by the end of the shift in which the personal restraint or seclusion occurred. If the personal restraint or seclusion does not end during the shift in which it began, documentation shall be completed during the shift in which the personal restraint or seclusion ends. Documentation shall include all of the following:

(a) Each order for personal restraint or seclusion.

(b) The time the personal restraint or seclusion actually began and ended.

(c) The time and results of the 1-hour assessment.

(d) The emergency safety situation that required the resident to be personally restrained or secluded.

(e) The name of the staff involved in the personal restraint or seclusion.

(5) The child caring institution staff trained in the use of personal restraint and assigned to monitor the youth shall continually assess and monitor the physical and psychological well-being of the minor child and the safe use of personal restraint throughout the duration of its implementation.

(6) The child caring institution staff trained in the use of seclusion and assigned to monitor the youth shall be physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the minor. Video monitoring shall not be exclusively used to meet this requirement.

(7) The child caring institution staff shall ensure that documentation of staff monitoring and observation is entered into the minor child's record.

(8) If the emergency safety intervention continues beyond the time limit of the order for use of personal restraint or seclusion, child caring institution staff authorized to receive verbal orders for personal restraint or seclusion shall immediately contact the licensed practitioner to receive further instructions.

(9) The child caring institution staff shall notify the minor child's parent or legal guardian and the appropriate state or local government agency that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible after the initiation of personal restraint or seclusion. This notification shall be documented in the minor child's record, including the date and time of the notification, the name of the staff person providing the notification, and the name of the person to whom notification of the incident was reported. The child caring institution is not required to notify the parent or legal guardian as provided in this subsection if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudged to be dependent, neglected, or delinquent under chapter XIIIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that the notice would not be in the minor child's best interest.

(10) Within 24 hours after the use of personal restraint or seclusion, child caring institution staff involved in the emergency safety intervention and the minor child shall have a face-to-face debriefing session. The debriefing shall include all staff involved in the seclusion or personal restraint except if the presence of a particular staff person may jeopardize the well-being of the minor child. Other staff members and the minor child's parent or legal guardian may participate in the debriefing if it is considered appropriate by the child caring institution.

(11) The child caring institution shall conduct a debriefing in a language that is understood by the minor child. The debriefing shall provide both the minor child and the staff opportunity to discuss the circumstances resulting in the use of personal restraint or seclusion and strategies to be used by staff, the minor child, or others that could prevent the future use of personal restraint or seclusion.

(12) Within 24 hours after the use of personal restraint or seclusion, all child caring institution staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes, at a minimum, all of the following:

- (a) Discussion of the emergency safety situation that required personal restraint or seclusion, including a discussion of precipitating factors that led up to the situation.
- (b) Alternative techniques that were attempted in order to prevent the use of personal restraint or seclusion.
- (c) The procedures, if any, that child caring institution staff will implement to prevent a recurrence of the use of personal restraint or seclusion.
- (d) The outcome of the emergency safety intervention, including any injury that resulted from the use of personal restraint or seclusion.

(13) The child caring institution staff shall document in the minor child's record that both debriefing sessions as described in subsections (10) and (12) took place and shall include the names of staff who were present for the debriefings, names of staff that were excused from the debriefings, and changes to the minor child's treatment plan that result from the debriefings.

(14) Each child caring institution subject to this section and sections 2c and 2d shall report each serious occurrence to the department. The department shall make the reports available to the designated state protection and advocacy system upon request of the designated state protection and advocacy system. Serious occurrences to be reported include a minor child's death, a serious injury to a minor child, and a minor child's suicide attempt. Staff shall report any serious occurrence involving a minor child by no later than close of business of the next business day after a serious occurrence. The report shall include the name of the minor child involved in the serious occurrence; a description of the occurrence; and the name, street address, and telephone number of the child caring institution. The child caring institution shall notify the minor child's parent or legal guardian and the appropriate state or local government agency that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible and not later than 24 hours after the serious occurrence. Staff shall document in the minor child's record that the serious occurrence was reported to both the department and the state-designated protection and advocacy system, including the name of the person to whom notification of the incident was reported. A copy of the report shall be maintained in the minor child's record, as well as in the incident and accident report logs kept by the child caring institution.

(15) Each child caring institution subject to this section and sections 2c and 2d shall maintain a record of the incidences in which personal restraint or seclusion was used for all minor children. The record shall include all of the following information:

- (a) Whether personal restraint or seclusion was used.

- (b) The setting, unit, or location in which personal restraint or seclusion was used.
- (c) Staff who initiated the process.
- (d) The duration of each use of personal restraint or seclusion.
- (e) The date, time, and day of the week restraint or seclusion was initiated.
- (f) Whether injuries were sustained by the minor child or staff.
- (g) The age and gender of the minor child.

(16) Each child caring institution subject to this section and sections 2c and 2d shall submit a report annually to the department containing the aggregate data from the record of incidences for each 12-month period as directed by the department. The department shall prepare reporting forms to be used by the child caring institution, shall aggregate the data collected from each child caring institution, and shall annually report the data to each child caring institution and the state-designated protection and advocacy system.

History: Add. 2004, Act 531, Imd. Eff. Jan. 3, 2005;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113 Inspection of child care organizations; use of administrative rules; contract; investigation and certification of foster family home or group home; inspection reports; final determination as to license; report of findings

Sec. 3. (1) The rules promulgated by the department under this act shall be used by the department, the bureau of fire services, and local authorities in the inspection of and reporting on child care organizations covered by this act. The inspection of the health and fire safety of child care organizations shall be completed by department staff, the bureau of fire services, or local authorities upon request of the department, or according to subsection (2).

(2) If an inspection is not conducted according to subsection (1), a person owning or operating or who proposes to own or operate a child care organization may enter a contract with a local authority or other person qualified by the department to conduct an inspection according to subsection (1) and pay for that inspection after an inspection is completed according to this subsection.

(3) The rules promulgated by the department for foster family homes and foster family group homes shall be used by a child placing agency or governmental unit when investigating and certifying a foster family home or a foster family group home.

(4) Inspection reports completed by state agencies, local authorities, and child placing agencies shall be furnished to the department and shall become a part of its evaluation for licensing of organizations covered by this act. After careful consideration of the reports and consultation where necessary, the department shall assume responsibility for the final determination of the issuance, denial, revocation, or provisional nature of licenses issued under this act. A report of findings shall be furnished to the applicant or licensee.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 32, Imd. Eff. Mar. 10, 1980;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 2006, Act 206, Imd. Eff. June 19, 2006;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113a Visiting child at child care center, group child care home, or family child care home; effect of court order.

Sec. 3a. (1) A parent or legal guardian of a child at a child care center, group child care home, or family child care home may visit the child at the child care center, group child care home, or family child care home at any time.

(2) A parent or legal guardian who wishes to enroll a child at a child care center, group child care home, or family child care home may visit the child care center, group child care home, or family child care home before the child's enrollment during the hours of operation of the child care center, group child care home, or family child care home.

(3) This section does not permit parenting time with a child in violation of a court order.

History: Add. 1986, Act 140, Imd. Eff. July 1, 1986;—Am. 1997, Act 165, Eff. Mar. 31, 1998;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113b Smoking prohibited; “smoke” or “smoking” defined.

Sec. 3b. (1) An individual shall not smoke in a child caring institution or child care center or on real property that is under the control of a child caring institution or child care center and upon which the child caring institution or child care center is located, including other related buildings. The operator of a child care center shall conspicuously post on the premises a notice that specifies that smoking on the premises is prohibited.

(2) As used in this section and section 3c, “smoke” or “smoking” means those terms as defined in section 12601 of the public health code, 1978 PA 368, MCL 333.12601.

History: Add. 1993, Act 211, Imd. Eff. Oct. 22, 1993;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113c Smoking on premises of group child care home or family child care home during hours of operation prohibited; smoking during other hours; notice to parent or legal guardian.

Sec. 3c. An individual shall not smoke on the premises of a group child care home or family child care home during the hours of operation of the group child care home or family child care home. The operator of a group child care home or family child care home may permit smoking on the premises during a period other than the hours of operation of that group child care home or family child care home if the operator has provided to a parent or legal guardian of each child participating in a group child care home or family child care home activity notice that smoking on the premises occurs or may occur when the group child care home or family child care home is not in operation. The operator of a group child care home or family child care home shall conspicuously post on the premises a notice that specifies that smoking on the premises is prohibited during the hours of operation of the group child care home or family child care home.

History: Add. 1993, Act 219, Eff. Apr. 1, 1994;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113d Repealed. 2017, Act 257, Eff. Mar. 28, 2018

Compiler’s Note: The repealed section pertained to smoking on the premises of a group child care home. See Section 3(c).

722.113e Criminal history background check required; posting notice; rules.

Sec. 3e. The operator of a child care center or child caring institution shall conspicuously post on the premises a notice stating that the child care center or child caring institution requires a criminal history background check on its employees or volunteers. The department shall promulgate rules to implement this section under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

History: Add. 2002, Act 717, Eff. Mar. 31, 2003;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113f Child care organization receiving notice of high-risk special investigation; notification to parent or legal guardian; requirements; noncompliance; determination of no substantial rule violations; exceptions; “high-risk special investigation” defined.

Sec. 3f. (1) Except as provided in subsection (5), within 24 hours after a child care organization receives notice that a high-risk special investigation is being conducted by the department, the child care organization shall make a good-faith effort to make oral notification to each parent or legal guardian of 1 or more of the following:

(a) Children who were under the child care organization’s care at the site and the time the incident being investigated occurred.

(b) If the individual being investigated is still present at the child care organization at the time of the investigation, children who have or will come into contact with the individual being investigated as long as that individual is present at the child care organization.

(2) The child care organization shall send written notification within 1 business day after the initial good-faith attempt under subsection (1) at oral notification. For the purpose of this subsection, written notification shall be given by 1 of the following:

(a) Mail service.

(b) Facsimile transmission.

(c) Electronic mail.

(3) If the department determines that a child care organization is not complying with either notification requirement in subsection (1) or (2), the department may suspend the child care organization’s license issued under this act pending review.

(4) If, upon completion of the high-risk special investigation, the department makes a determination that there are no substantiated rule violations, the department shall provide the child care organization with written notification of that determination that the child care organization may share with the parents or legal guardians of the children in the child care organization's care who received the notification required under subsections (1) and (2).

(5) This section does not apply to a child caring institution, child placing agency, foster family home, or foster family group home.

(6) For the purpose of this section, "high-risk special investigation" means an investigation that the department conducts regarding 1 or more of the conditions listed in section 8(3)(a) to (c) of the child protection law, 1975 PA 238, MCL 722.628.

History: Add. 2008, Act 15, Eff. June 1, 2008;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113g Licensing notebook.

Sec. 3g. (1) The operator of a child care center, group child care home, or family child care home shall maintain a licensing notebook on its premises. The licensing notebook shall be made available for review to parents or guardians of children under the care of, and parents or guardians considering placing their children in the care of, the child care center, group child care home, or family child care home during the hours of operation of the child care center, group child care home, or family child care home.

(2) The licensing notebook described in subsection (1) shall include the reports from all licensing inspections, renewal inspections, special investigations, and corrective action plans. The licensing notebook shall also include a summary sheet outlining the reports contained in the licensing notebook. The information in the licensing notebook shall be updated as provided by the department.

(3) The department shall include on its "Child in Care Statement/Receipt" form or any successor form used instead of that form a check box allowing the parent or guardian to acknowledge that he or she is aware of the information available in the licensing notebook and that the licensing notebook is available for his or her review on the premises of the child care center, group child care home, or family child care home and that information is available on the department's website. The "Child in Care Statement/Receipt" form or successor form shall contain in bold print the department's website address where the information may be located.

History: Add. 2010, Act 85, Imd. Eff. May 27, 2010;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.113h Annual inspection as unannounced.

Sec. 3h. An annual inspection of a child care organization licensed under this act shall be unannounced, unless the department, in its discretion, considers it necessary to schedule an appointment for an inspection.

History: Add. 2017, Act 257, Eff. Mar. 28, 2018

722.114 Consultation and assistance to organizations.

Sec. 4. The department shall provide consultation to organizations covered by this act to assist them in meeting the requirements of this act and the rules promulgated under this act. The department shall offer assistance, training, and education, within fiscal limitations, upon request, in developing methods for the improvement of service.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 232, Imd. Eff. July 20, 1980

722.114a Child care center, group child care home, or family child care home; driver license or identification card required for obtaining or renewing license by applicant, licensee, or licensee designate.

Sec. 4a. An applicant, licensee, or licensee designee must present a valid driver license or a valid state or federal government-issued identification card in order to obtain or renew a license for a child care center, group child care home, or family child care home under this act.

History: Add. 2017, Act 258, Eff. Mar. 28, 2018

722.115 License required; applicability; application; forms; investigations; on-site visit; issuance or renewal of license; investigation and certification of foster family home or group home; placement of children in foster family home, family group home, unlicensed residence, adult foster care family home, or adult foster care small group home; certification; criminal history check; “good moral character” defined.

Sec. 5. (1) This section and sections 5c, 5d, 5g, and 9 do not apply to a child care center, group child care home, or family child care home.

(2) A person, partnership, firm, corporation, association, nongovernmental organization, or governmental organization, except for the department of health and human services or a local county department of health and human services office, shall not establish or maintain a child care organization unless licensed by the department. Application for a license shall be made on forms provided, and in the manner prescribed, by the department. Before issuing or renewing a license, the department shall investigate the applicant’s activities and proposed standards of care and shall make an on-site visit of the proposed or established organization. Except as otherwise provided in this subsection, if the department is satisfied as to the need for a child care organization, its financial stability, the applicant’s good moral character, and that the services and facilities are conducive to the welfare of the children, the department shall issue or renew the license. If a county juvenile agency as defined in section 2 of the county juvenile agency act, 1998 PA 518, MCL 45.622, certifies to the department that it intends to contract with an applicant for a new license, the department shall issue or deny the license within 60 days after it receives a complete application as provided in section 5b.

(3) The department may authorize a child placing agency or governmental unit to investigate a foster family home or a foster family group home according to subsection (2) and to certify that the foster family home or foster family group home meets the licensing requirements

prescribed by this act. Before certifying to the department that a foster family home or foster family group home meets the licensing requirements prescribed by this act, the child placing agency or governmental unit shall receive and review a medical statement for each member of the household indicating that he or she does not have a known condition that would affect the care of a foster child. The medical statement required under this section shall be signed and dated by a physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, a physician's assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, or a certified nurse practitioner licensed as a registered professional nurse under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242, who has been issued a specialty certification as a nurse practitioner by the board of nursing under section 17210 of the public health code, 1978 PA 368, MCL 333.17210, within the 12 months immediately preceding the date of the initial evaluation. This subsection does not require new or additional third party reimbursement or worker's compensation benefits for services rendered. A foster family home or a foster family group home shall be certified for licensing by the department by only 1 child placing agency or governmental unit. Other child placing agencies may place children in a foster family home or foster family group home only upon the approval of the certifying agency or governmental unit.

(4) The department may authorize a child placing agency or governmental unit to place a child who is at least 16 but less than 21 years of age in his or her own unlicensed residence, or in the unlicensed residence of an adult who has no supervisory responsibility for the child, if a child placing agency or governmental unit retains supervisory responsibility for the child. If the child is at least 18 but less than 21 years of age, he or she must meet the requirements of the young adult voluntary foster care act, 2011 PA 225, MCL 400.641 to 400.671.

(5) A child placing agency, child caring institution, and governmental unit shall provide the state court administrative office and a local foster care review board established under 1984 PA 422, MCL 722.131 to 722.139a, those records requested pertaining to children in foster care placement for more than 6 months.

(6) The department may authorize a child placing agency or governmental unit to place a child who is 16 or 17 years old in an adult foster care family home or an adult foster care small group home licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737, if a child placing agency or governmental unit retains supervisory responsibility for the child and certifies to the department all of the following:

- (a) The placement is in the best interests of the child.
- (b) The child's needs can be adequately met by the adult foster care family home or small group home.
- (c) The child will be compatible with other residents of the adult foster care family home or small group home.

(d) The child placing agency or governmental unit will periodically reevaluate the placement of a child under this subsection to determine that the criteria for placement in subdivisions (a) through (c) continue to be met.

(7) On an exception basis, the director of the department, or his or her designee, may authorize a child placing agency or governmental unit to place an adult in a foster family home if a child placing agency or governmental unit certifies to the department all of the following:

(a) The adult is a person with a developmental disability as defined by section 100a of the mental health code, 1974 PA 258, MCL 330.1100a, or a person who is otherwise neurologically disabled and is also physically limited to a degree that requires complete physical assistance with mobility and activities of daily living.

(b) The placement is in the best interests of the adult and will not adversely affect the interests of the foster child or children residing in the foster family home.

(c) The identified needs of the adult can be met by the foster family home.

(d) The adult will be compatible with other residents of the foster family home.

(e) The child placing agency or governmental unit will periodically reevaluate the placement of an adult under this subsection to determine that the criteria for placement in subdivisions (a) through (d) continue to be met and document that the adult is receiving care consistent with the administrative rules for a child placing agency.

(8) On an exception basis, the director of the department, or his or her designee, may authorize a child placing agency or governmental unit to place a child in an adult foster care family home or an adult foster care small group home licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737, if the child placing agency or governmental unit certifies to the department all of the following:

(a) The placement is in the best interests of the child.

(b) The placement has the concurrence of the parent or guardian of the child.

(c) The identified needs of the child can be met adequately by the adult foster care family home or small group home.

(d) The child's psychosocial and clinical needs are compatible with those of other residents of the adult foster care family home or small group home.

(e) The clinical treatment of the child's condition is similar to that of the other residents of the adult foster care family home or small group home.

(f) The child's cognitive level is consistent with the cognitive level of the other residents of the adult foster care family home or small group home.

(g) The child is neurologically disabled and is also physically limited to a degree that requires complete physical assistance with mobility and activities of daily living.

(h) The child placing agency or governmental unit will periodically reevaluate the placement of a child under this subsection to determine that the criteria for placement in subdivisions (a) to (g) continue to be met.

(9) Except as provided in section 5c(7), the department shall not issue to or renew the license of a child care organization under this act without requesting a criminal history check as required by section 5c. If a criminal history check performed under section 5c or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for a license under this act has been convicted of a listed offense, the department shall not issue a license to that applicant. If a criminal history check performed under section 5c or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for renewal of a license under this act has been convicted of a listed offense, the department shall not renew that license. If a criminal history check performed under section 5c or information obtained as a result of notification from the department of state police under section 5k reveals that a current licensee has been convicted of a listed offense, the department shall revoke the license of that licensee.

(10) Except as provided in section 5h(6), the department of health and human services shall not issue or renew a license to operate a foster family home or foster family group home under this act without requesting a criminal history check as required by sections 5h and 5j. If a criminal history check performed under section 5h or 5j or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for a license to operate a foster family home or foster family group home under this act or an adult member of the household has been convicted of a listed offense, the department shall not issue a license to that applicant. If a criminal history check performed under section 5h or 5j or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for renewal of a license to operate a foster family home or foster family group home under this act or an adult member of the household has been convicted of a listed offense, the department shall not renew a license to that applicant. If a criminal history check performed under section 5h or 5j or information obtained as a result of notification from the department of state police under section 5k reveals that a current licensee under this act of a foster family home or foster family group home or an adult member of the foster family home or foster family group home has been convicted of a listed offense, the department shall revoke that licensee's license.

(11) As used in this section, "good moral character" means that term as defined in and determined under 1974 PA 381, MCL 338.41 to 338.47, and the rules promulgated under this act.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1974, Act 191, Imd. Eff. July 2, 1974;—Am. 1978, Act 309, Imd. Eff. July 10, 1978;—Am. 1980, Act 32, Imd. Eff. Mar. 10, 1980;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 1980, Act 498, Imd. Eff. Jan. 21, 1981;—Am. 1980, Act 510, Imd. Eff. Jan. 26, 1981;—Am. 1981, Act 126, Imd. Eff. July 23, 1981;—Am. 1982, Act 329, Imd. Eff. Dec. 14, 1982;—Am. 1984, Act 421, Imd. Eff. Dec.

28, 1984;—Am. 1986, Act 169, Imd. Eff. July 7, 1986;—Am. 1989, Act 72, Imd. Eff. June 16, 1989;—Am. 1991, Act 162, Imd. Eff. Dec. 9, 1991;—Am. 1995, Act 81, Imd. Eff. June 15, 1995;—Am. 1998, Act 34, Imd. Eff. Mar. 18, 1998;—Am. 1998, Act 519, Imd. Eff. Jan. 12, 1999;—Am. 2004, Act 315, Eff. Oct. 1, 2007;—Am. 2005, Act 133, Eff. Jan. 1, 2006;—Am. 2006, Act 51, Imd. Eff. Mar. 9, 2006;—Am. 2006, Act 580, Imd. Eff. Jan. 3, 2007;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2007, Act 218, Eff. Jan. 1, 2008;—Am. 2010, Act 379, Imd. Eff. Dec. 22, 2010;—Am. 2011, Act 228, Imd. Eff. Nov. 22, 2011;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.115a Providing records to children’s ombudsman.

Sec. 5a. A child placing agency shall provide the children’s ombudsman created in section 3 of the children’s ombudsman act with those records requested by the ombudsman pertaining to a matter under investigation by the ombudsman.

History: Add. 1994, Act 205, Eff. Jan. 1, 1995

722.115b Contract with license applicant; review of application; failure to issue or deny license within certain period of time; action for mandamus; county juvenile agency as party to proceeding.

Sec. 5b. (1) If a county juvenile agency as defined in section 2 of the county juvenile agency act, 1998 PA 518, MCL 45.622, certifies that it intends to contract with a license applicant as provided in section 5(2), the department shall review the application and advise the applicant and the county juvenile agency within 10 days after receiving the application what further information or material is necessary to complete the application.

(2) If the department fails to issue or deny the license within 60 days after receiving the information it determined was necessary to complete the application, the county juvenile agency or the applicant may bring an action for mandamus to require the department to issue or deny the license.

(3) The county juvenile agency is a party for purposes of any hearing, review, or other proceeding on a license application described in this section or section 5(2) for which the county juvenile agency certifies to the department that it intends to contract with the applicant. The county juvenile agency or applicant may challenge the department’s determination concerning what further information or material is necessary to complete the application.

History: Add. 1998, Act 519, Imd. Eff. Jan. 12, 1999;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.115c Applicant for child care organization license; criminal history check; requirements; fee; renewal.

Sec. 5c. (1) Except as provided in subsection (6), when a person or partnership, or licensee designee if the applicant is a limited liability corporation, firm, corporation, association, nongovernmental organization, or governmental organization applies for a license for a child care organization under section 5, the department shall request the department of state police to perform a criminal history check on the person, licensee designee, chief administrator, and program director of a child care organization.

(2) Each person applying for a license to operate a child care organization shall give written consent at the time of the license application for the department of state police to conduct the criminal history check required under this section. The department shall require the person to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check described in subsection (1).

(3) The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.

(4) Within a reasonable time after receiving a complete request by the department for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.

(5) The department of state police may charge the department a fee for a criminal history check required under this section that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the licensee or applicant the actual cost or fee charged by the department of state police, the Federal Bureau of Investigation, or a vendor approved by the department of state police for performing a criminal history check required under this section.

(6) If a person, licensee designee, chief administrator, or program director of a child care organization applying to renew a license to operate a child care organization has previously undergone a criminal history check required under subsection (1) and has remained continuously licensed after the criminal history check has been performed and section 5k continues to apply, that person, licensee designee, chief administrator, or program director of a child care organization is not required to submit to another criminal history check upon renewal of the license obtained under section 5.

History: Add. 2005, Act 133, Eff. Jan. 1, 2006;—Am. 2006, Act 580, Imd. Eff. Jan. 3, 2007;—Am. 2010, Act 379, Imd. Eff. Dec. 22, 2010;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115d Offer of employment to person at child care organization; criminal history background check; cost.

Sec. 5d. (1) Before a child care organization makes an offer of employment to a person or allows a person to regularly and continuously work under contract at the child care organization, the child care organization shall perform a criminal history background check on that person using the department of state police's internet criminal history access tool (ICHAT) or equivalent check on that person from the state or province of residence.

(2) If a search of the department of state police's ICHAT or equivalent check on the person from the state or province of residence reveals that the person described in subsection (1) has been convicted of a listed offense, the child care organization shall not make an offer of employment to that person or allow that person to regularly and continuously work under

contract at the child care organization. If a search of the department of state police's ICHAT reveals that a current employee has been convicted of a listed offense, the child care organization shall not continue to employ that person. If a search of the department of state police's ICHAT or equivalent check on that person from the state or province of residence reveals that a person who regularly and continuously works under contract at the child care organization has been convicted of a listed offense, the child care organization shall not allow that person to regularly or continuously work under contract at the child care organization.

(3) A child care organization may pass along the actual cost of a search of the department of state police's ICHAT or equivalent check on that person from the state or province of residence to the employee or applicant on whom the search is being performed.

History: Add. 2005, Act 133, Eff. Jan. 1, 2006;—Am. 2010, Act 379, Imd. Eff. Dec. 22, 2010;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115e Arraignment or conviction of licensee, staff member, or member of household; report; crime; staff member not convicted of crime; deletion of information from records; notice requirements.

Sec. 5e. (1) A child care center licensee, licensee designee, or program director, group child care home licensee, and family child care home licensee shall report to the department within 3 business days after he or she has been arraigned for or convicted of 1 or more of the crimes listed in section 5r.

(2) Except as provided in subsection (1), a child care staff member shall report to the child care center, group child care home, or family child care home within 3 business days after he or she has been arraigned for or convicted of 1 or more of the crimes listed in section 5r.

(3) A child care center licensee, licensee designee, or program director, group child care home licensee, and family child care home licensee shall report to the department within 3 business days after receiving a report from a child care staff member under subsection (2).

(4) A group child care home licensee or family child care home licensee shall report to the department within 3 business days after he or she knows or should reasonably know that a member of the household has been arraigned for or convicted of 1 or more of the crimes listed in section 5r.

(5) A person who violates subsection (1), (2), (3), or (4) is guilty of a crime as follows:

(a) If the person violates subsection (1), (2), (3), or (4) and the crime involved in the violation is a misdemeanor that is a listed offense or is a felony, the person is guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both.

(b) If the person violates subsection (1), (2), (3), or (4) and the crime involved in the violation is a misdemeanor that is not a listed offense, the person is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both.

(6) The department shall delete from the licensee's records all information relating to an arraignment required to be reported under this section if the department receives documentation that the person arraigned for the crime is subsequently not convicted of any crime after the completion of judicial proceedings resulting from that arraignment.

(7) A child care center, group child care home, or family child care home shall delete from the child care staff member's records all information relating to an arraignment required to be reported under this section if it receives documentation that the child care staff member is subsequently not convicted of any crime after the completion of judicial proceedings resulting from that arraignment.

(8) At the time a child care center, group child care home, or family child care home allows a person to become a child care staff member, the child care center, group child care home, or family child care home shall notify that person of the requirement under this section to report when he or she is arraigned for or convicted of certain crimes and the penalty for not reporting.

History: Add. 2005, Act 133, Eff. Jan. 1, 2006;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115f Repealed. 2017, Act 257, Eff. Mar. 28, 2018.

Compiler's Note: The repealed section pertained to criminal history checks of family or group child care licensees. See Section 5(e) and Section 5(n).

722.115g Duties of department upon conviction of household member.

Sec. 5g. If the department becomes aware that a member of the household of a group child care home or family child care home has been convicted of a listed offense, the department shall not issue a license to the applicant, shall not renew a license to the licensee applying for renewal, or shall revoke a current licensee's license.

History: Add. 2005, Act 128, Eff. Jan. 1, 2006;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115h Application for or to renew license to operate foster family home or foster family group home; criminal history check required; procedures.

Sec. 5h. (1) Except as provided in subsection (6), when a person applies for or to renew a license to operate a foster family home or foster family group home under this act, the department shall request the department of state police to perform a criminal history check on that person.

(2) Each person applying for a license to operate a foster family home or foster family group home shall give written consent at the time of application for the department of state police to conduct a criminal history check required under this section. The department shall require the person to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check described in subsection (1).

(3) The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.

(4) Within a reasonable time after receiving a complete request by the department for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.

(5) The department of state police may charge the department a fee for a criminal history check required under this section that does not exceed the actual and reasonable cost of conducting the check.

(6) If a person applying to renew a license to operate a foster family home or foster family group home under this act has previously undergone a criminal history check required under subsection (1) and has continuously maintained a license to operate a foster family home or foster family group home under this act after the criminal history check has been performed, that person is not required to submit to another criminal history check upon renewal of the license obtained to operate a foster family home or foster family group home under this act.

History: Add. 2007, Act 218, Eff. Jan. 1, 2008;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115i Arraignment or conviction of licensee operating foster family home or foster family group home; report; crimes; violation; person not convicted; deletion of information from records.

Sec. 5i. (1) A person to whom a license to operate a foster family home or foster family group home has been issued under this act shall report to the department within 3 business days after he or she has been arraigned for or convicted of 1 or more of the following crimes and within 3 business days after he or she knows or should reasonably know that an adult member of the household has been arraigned for or convicted of 1 or more of the following crimes:

(a) Any felony.

(b) Any of the following misdemeanors:

(i) Criminal sexual conduct in the fourth degree or an attempt to commit criminal sexual conduct in the fourth degree.

(ii) Child abuse in the third or fourth degree or an attempt to commit child abuse in the third or fourth degree.

(iii) A misdemeanor involving cruelty, torture, or indecent exposure involving a child.

(iv) A misdemeanor violation of section 7410 of the public health code, 1978 PA 368, MCL 333.7410.

(v) A violation of section 115, 141a, 145a, 335a, or 359 of the Michigan penal code, 1931 PA 328, MCL 750.115, 750.141a, 750.145a, 750.335a, and 750.359, or a misdemeanor violation of section 81, 81a, or 145d of the Michigan penal code, 1931 PA 328, MCL 750.81, 750.81a, and 750.145d.

(vi) A misdemeanor violation of section 701 of the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1701.

(vii) Any misdemeanor that is a listed offense.

(c) A violation of a substantially similar law of another state, of a political subdivision of this state or another state, or of the United States.

(2) A person who violates subsection (1) is guilty of a crime as follows:

(a) If the person violates subsection (1) and the crime involved in the violation is a misdemeanor that is a listed offense or is a felony, the person is guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both.

(b) If the person violates subsection (1) and the crime involved in the violation is a misdemeanor that is not a listed offense, the person is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both.

(3) The department shall delete from the licensee's records all information relating to an arraignment required to be reported under this section if the department receives documentation that the person arraigned for the crime is subsequently not convicted of any crime after the completion of judicial proceedings resulting from that arraignment.

History: Add. 2007, Act 218, Eff. Jan. 1, 2008;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115j Criminal history background check performed by department.

Sec. 5j. (1) When a person applies for or to renew a license to operate a foster family home or foster family group home under this act, the department shall perform a criminal history background check on an adult member of the household using the department of state police's internet criminal history access tool (ICHAT). This section does not apply to a person residing in the home for a period of not more than 14 days.

(2) If a search of the department of state police's ICHAT reveals that an adult member of the household has been convicted of a listed offense, the department shall not issue a license to the applicant, shall not renew a license to the licensee applying for renewal, or shall revoke a current licensee's license.

History: Add. 2007, Act 218, Eff. Jan. 1, 2008;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115k Storage and retention of fingerprints in automated fingerprint identification system database; automatic notification.

Sec. 5k. (1) The department of state police shall store and retain all fingerprints submitted under this act in an automated fingerprint identification system database that provides for an automatic notification at the time a subsequent criminal arrest fingerprint card submitted into the system matches a set of fingerprints previously submitted in accordance with this act. Upon that notification, the department of state police shall immediately notify the department and the department shall immediately contact the respective child care organization with which that individual is associated. Except for child placing agencies, the criminal history record information shall only be released to the individual to whom the criminal history record information pertains. Information in the database retained under this section is confidential, is not subject to disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes.

(2) When the department of state police is able to participate with the Federal Bureau of Investigation's automatic notification system similar to the system administered by the department of state police under subsection (1), all fingerprints submitted to the Federal Bureau of Investigation may be stored and retained. When a subsequent criminal arrest fingerprint card submitted into the system matches a set of fingerprints for an individual retained in accordance with this act, the department of state police shall immediately notify the department. The department shall immediately contact the child care organization with which the individual is associated if a conviction results from the arrest. Except for child placing agencies, the criminal history record information shall only be released to the individual to whom the criminal history record information pertains.

History: Add. 2007, Act 218, Eff. Jan. 1, 2008;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115l Person making report, cooperating in investigation, or assisting in other requirement; immunity from liability; confidentiality; anonymous complaint; false report.

Sec. 5l. (1) A person acting in good faith who makes a report, cooperates in an investigation, or assists in any other requirement of this act is immune from civil or criminal liability that might otherwise be incurred by that action. A person making a report or assisting in any other requirement of this act is presumed to have acted in good faith. This immunity from civil or criminal liability extends only to an act performed according to this act for reporting a potential violation or assisting or cooperating with the department in an investigation conducted by the department.

(2) Except as provided in section 10(3), the identity of a person making a report and cooperating with or assisting the department relative to that report under this act is confidential, subject only to disclosure with the consent of that person or by judicial process.

(3) If the department receives a complaint by an individual remaining anonymous, the department may take no action on the complaint if the complaint does not include sufficient information to reasonably investigate.

(4) A person who intentionally makes a false report to the department regarding a child care organization that causes the department to initiate a special investigation that the department classifies as high-risk for which the child care organization is required to send notice under section 3f is guilty of a crime as follows:

(a) If the incident reported would not constitute a crime or would constitute a misdemeanor if the report were true, the person is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$100.00, or both.

(b) If the incident reported would constitute a felony if the report were true, the person is guilty of a felony punishable by the lesser of the following:

(i) The penalty for the incident falsely reported.

(ii) Imprisonment for not more than 4 years or a fine of not more than \$5,000.00, or both.

History: Add. 2008, Act 15, Eff. June 1, 2008;—Am. 2017, Act 256, Eff. Mar. 28, 2018

722.115m Child care center, group child care home, or family child care home; requirements for licensure.

Sec. 5m. (1) This section and sections 5n to 5s apply only to a child care center, group child care home, or family child care home.

(2) A person, partnership, firm, corporation, association, nongovernmental organization, or governmental organization shall not establish or maintain a child care center, group child care home, or family child care home unless licensed by the department. Application for a child care center, group child care home, or family child care home license shall be made on forms provided, and in the manner prescribed, by the department, including the fees required under subsection (10). Before issuing or renewing a child care center, group child care home, or family child care home license, the department shall investigate the applicant's activities and proposed standards of care and shall make an on-site visit of the proposed or established child care center, group child care home, or family child care home. Except as otherwise provided in this subsection and sections 5q and 5r, if the department is satisfied as to the need for a child care center, group child care home, or family child care home, as to its financial stability, and that the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department shall issue or renew the child care center, group child care home, or family child care home license. If the department determines that a service, facility, applicant, licensee, child care staff member, or member of the household is not conducive to the welfare of the children, the department shall deny that application or revoke that licensee's license according to section 11.

(3) To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

(a) Investigative report, such as a law enforcement report and a children's protective services report.

(b) Medical report.

(c) Public record.

(d) Child care center, group child care home, or family child care home record.

(e) Inspection of the child care center, group child care home, or family child care home.

(4) The department may use information obtained under section 5k to obtain reports prepared independently for police, law enforcement, or other purposes to make a determination under this section.

(5) The department shall issue a group child care home or family child care home license to a person who has successfully completed an orientation session offered by the department and who meets the requirements of this act. The department shall make available to group child care home or family child care home applicants for licensure an orientation session regarding this act, the rules promulgated under this act, and the needs of children in child care before issuing a group child care home or family child care home license.

(6) Except as provided in subsection (2), the department shall issue an original or renewal license under this act for a child care center, group child care home, or family child care home not later than 6 months after the applicant files a completed application. Receipt of the application is considered the date the application is received by the department. If the application is considered incomplete by the department, the department shall notify the applicant in writing or make notice electronically available within 30 days after receipt of the incomplete application, describing the deficiency and requesting additional information. If the department identifies a deficiency or requires the fulfillment of a corrective action plan, the 6-month period is tolled until either of the following occurs:

(a) Upon notification by the department of a deficiency, until the date the requested information is received by the department.

(b) Upon notification by the department that a corrective action plan is required, until the date the department determines the requirements of the corrective action plan have been met.

(7) The determination of the completeness of an application is not an approval of the application for the license and does not confer eligibility on an applicant determined otherwise ineligible for issuance of a license.

(8) Except as provided in subsection (2), if the department fails to issue, deny, or refuse to renew a license to a child care center, group child care home, or family child care home within the time required by this section, the department shall return the application fee required under subsection (10) and shall reduce the application fee for the applicant's next renewal application, if any, by 15%. Failure to issue, deny, or refuse to renew a license to a child care center, group child care home, or family child care home within the time period required under this section does not allow the department to otherwise delay the processing of the application. A completed application shall be placed in sequence with other completed applications received at that same time. The department shall not discriminate against an applicant in processing of an application based on the fact that the application fee was refunded or discounted under this subsection.

(9) If, on a continual basis, inspections performed by a local health department delay the department in issuing or denying a license for a child care center, group child care home, or family child care home under this act within the 6-month period, the department may use department staff to complete the inspection instead of the local health department causing the delays.

(10) The department shall assess fees as provided in the following schedule:

(a) Family child care home license, \$50.00 for an original license application and \$25.00 for renewal.

(b) Group child care home license, \$100.00 for an original license application and \$50.00 for renewal.

(c) Child care center license with a capacity of 1 to 20, \$150.00 for an original license application and \$75.00 for renewal.

(d) Child care center license with a capacity of 21 to 50, \$200.00 for an original license application and \$100.00 for renewal.

(e) Child care center license with a capacity of 51 to 100, \$250.00 for an original license application and \$125.00 for renewal.

(f) Child care center license with a capacity of over 100, \$300.00 for an original license application and \$150.00 for renewal.

(11) The department shall use the fees collected under this section only to fund the program licensing child care centers, group child care homes, and family child care homes. Funds remaining at the end of the fiscal year shall not lapse to the general fund but shall remain available to fund the program in subsequent years.

(12) Fees described in this section are payable to the department at the time an application is submitted for original issuance or renewal. If a license is denied, revoked, or refused renewal, or an application is rejected as provided in section 15(4), the department shall not refund fees paid to the department.

(13) As used in this section:

(a) “Completed application” means an application complete on its face and submitted with any applicable fees as well as any other information, records, approval, security, or similar item required by law or rule from a local unit of government, a federal agency, a state department or agency of another state, or a private entity but not from another department or agency of this state. A completed application does not include a health inspection performed by a local health department.

(b) “Conducive to the welfare of the children” means:

(i) The service and facility comply with this act and the administrative rules promulgated under this act.

(ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

History: Add. 2017, Act 258, Eff. Mar. 28, 2018.

722.115n Application for or renewal of license to operate child care center, group child care home, or family child care home; household member or child care staff member; criminal history check; requirements; duties of department.

Sec. 5n. (1) Except as otherwise provided in subsection (13), when a person, partnership, firm, corporation, association, governmental organization, or nongovernmental organization applies for or applies to renew a license to operate a child care center, group child care home, or family child care home under section 5m and before a group child care home or family child care home allows an individual to be a member of the household, or a child care center, group child care home, or family child care home allows an individual to become a child care staff member, the department shall do all of the following:

(a) Review its database of individuals with previous disciplinary action within a child care center, group child care home, or family child care home or an adult foster care facility.

(b) Conduct a search of the individual through the national sex offender registry.

(c) Request a search of the individual through all state criminal registries or repositories for any states of residence in the past 5 years.

(d) Request that the department of state police perform a criminal history check on the individual, child care staff member, or adult member of the household.

(2) If the individual, child care staff member, or adult member of the household has resided out of the United States within the preceding 5 years, equivalent clearances of those described in subsection (1)(b) and (d) and section 5q from each country must be provided, if available. If the country does not have the equivalent clearance, the individual must sign a self-

certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member as prescribed by sections 5q and 5r. An individual who provides or is determined to have provided false information or knowingly omits information in the self-certification statement is ineligible for that application.

(3) Each individual listed in subsection (1) shall give written consent at the time of the license application and before a group child care home or family child care home allows an individual to be a member of the household, or before becoming a child care staff member to allow the department of state police to conduct the criminal history check required under subsection (1). The department shall require the individual to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check as required in subsection (1).

(4) The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.

(5) Within a reasonable time after receiving a complete request for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.

(6) The department of state police may charge the department a fee for a criminal history check required under this section that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the individual fingerprinted the actual cost or fee charged by the department of state police, the Federal Bureau of Investigation, or a vendor approved by the department of state police for performing a criminal history check required under this section.

(7) The department shall provide whether the individual is eligible or ineligible as provided by sections 5q and 5r within 45 days after the date on which the request was submitted.

(8) The individual may serve as a child care staff member pending the results of the record and database checks required by this section and section 5q if the individual is supervised at all times.

(9) Within 45 days after the date on which the request was submitted, the department shall provide a statement to the child care center, group child care home, or family child care home that indicates whether the individual is eligible or ineligible to be, a licensee, an adult member of the household, or a child care staff member as provided under sections 5q and 5r without revealing any disqualifying crime or other related information regarding the individual.

(10) If the individual is ineligible due to the records or database checks required under this section and section 5q, the department shall provide information related to each disqualifying item in a report to the individual who has been determined ineligible.

(11) An individual who has been determined to be ineligible as provided under sections 5q and 5r may request a redetermination by the department if he or she believes that the basis for the ineligible determination is inaccurate. The individual shall file the request for redetermination with the department within 30 calendar days after receiving the written notice that he or she was determined to be ineligible. If an individual has been determined to be ineligible based upon a conviction that has been expunged or set aside or a central registry case that has been expunged, the individual shall provide the supporting court, law enforcement, or department of health and human services, or equivalent department from another state, documents along with the request for redetermination. The individual shall not be determined to be ineligible based upon a conviction that has been set aside or expunged or a central registry case that has been expunged. The department shall review the request and issue a written decision within 30 business days after receiving the request for redetermination. The decision of the department is final.

(12) Each ineligible individual shall be given instructions about how to complete the request for redetermination process as provided in subsection (11).

(13) Except as otherwise provided in this subsection, not later than September 30, 2017, every child care center licensee, group child care home licensee, family child care home licensee, child care staff member, and adult member of the household shall submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation in order to carry out the records and database checks required under this section and section 5q. If the department of education obtains an extension on the implementation of this program from the federal government, the provisions of this section may be implemented no later than September 30, 2018.

(14) If a licensee, licensee designee, or program director of a child care center, group child care home, or family child care home applying for a new license or to renew a license to operate a child care center, group child care home, or family child care home has previously undergone a criminal history check required under subsections (1) and (13) and has remained continuously licensed after the criminal history check has been performed, that licensee, licensee designee, or program director of a child care center, group child care home, or family child care home is not required to submit to another criminal history check upon renewal of, or application for, the license obtained under this act.

(15) Upon consent of an applicant as required in subsection (3) and upon request from a child care center, group child care home, or family child care home, the department shall review the information received from the criminal history check, if any, and notify the requesting child care center, group child care home, or family child care home of the information in the manner prescribed in subsection (7). Until the Federal Bureau of Investigation implements an automatic notification system as outlined in section 5k, a child care center, group child care home, or family child care home may rely on the criminal history record information provided by the department under this subsection and a new request as provided under this section is not necessary if all of the following requirements are met:

(a) The criminal history check was conducted during the immediately preceding 5-year period.

(b) The applicant has been continuously employed by a child care center, group child care home, or family child care home since the criminal history check was conducted in compliance with this section.

(c) The applicant can provide evidence acceptable to the department that he or she has been a resident of this state for the immediately preceding 5-year period.

(16) The checks and clearances required in subsection (1)(a) to (c) and section 5q shall be updated at least every 5 years if the individual has been continuously licensed, has continuously been serving as a child care staff member, or has continuously been an adult member of the household.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018

722.115o Operation of child care center, group child care home, or family child care home; criminal history check; issuance of license prohibited; revocation.

Sec. 5o. (1) Except as provided in section 5n(14), the department shall not issue a license to operate a child care center, group child care home, or family child care home under this act without requesting a criminal history check as required by section 5n.

(2) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for a license to operate a child care center under this act has been convicted of a crime as described in section 5r, the department shall not issue a license to that applicant.

(3) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for renewal of a license to operate a child care center under this act has been convicted of a crime as described in section 5r, the department shall not renew that license.

(4) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that a current child care center licensee has been convicted of a crime as described in section 5r, the department shall revoke the license of that licensee.

(5) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for a license to operate a group child care home or family child care home under this act or an adult member of the household has been convicted of a crime as described in section 5r, the department shall not issue a license to that applicant.

(6) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that an applicant for renewal of a license to operate a group child care home or family child care home under this act or an adult member of the household has been convicted of a crime as described in section 5r, the department shall not renew a license to that applicant.

(7) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that a current group child care home or family child care home licensee under this act or an adult member of the household has been convicted of a crime as described in section 5r, the department shall revoke that licensee's license.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018

722.115p Child care center, group child care home, or family child care home; potential or current child care staff member convicted of crime.

Sec. 5p. (1) Except as provided in section 5n(14) and (15), a child care center, group child care home, or family child care home shall not allow an individual to be a child care staff member without requesting a criminal history check as required by section 5n.

(2) If a criminal history check performed under section 5n or information obtained as a result of notification from the department of state police under section 5k reveals that a potential or current child care staff member has been convicted of a crime as described in section 5r, the department shall notify the child care center, group child care home, or family child care home. The child care center, group child care home, or family child care home shall not allow the individual to be a child care staff member.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018

722.115q Child care center, group child care home, or family child care home; contact with child by licensee, child care staff member, or household adult member prohibited; conditions.

Sec. 5q. (1) Except as provided in section 5n(8), a licensee, child care staff member, or adult member of the household may not have contact with a child who is in the care of a child care center, group child care home, or family child care home, until the department obtains documentation from the department of health and human services 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, the licensee, child care staff member, or adult member of the household shall provide the department with an updated authorization for a central registry clearance. If a central registry clearance documents that a licensee, child care staff member, or adult member of the household is named in a central registry case as a perpetrator of child abuse or child neglect, he or she is ineligible to receive a license to operate a child care center, group child care home, or family child care home, be an adult member of the household, or be a child care staff member.

(2) If the licensee, child care staff member, or adult member of the household has resided outside of this state as an adult within the 5 years immediately preceding the date of application for a license, or the date that he or she was hired as a child care staff member or resided in a group child care home or family child care home, except as provided in section 5n(8), the individual may not have contact with a child who is in the care of a child care center, group child care home, or family child care home until the department obtains documentation equivalent to the department of health and human services central registry clearance for the states of previous residence that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect. If the documentation equivalent to the department of health and human services central registry clearance for the states of previous residence indicates that the individual is named as a perpetrator of child abuse or child neglect, the individual is ineligible to receive a license, be an adult member of the household, or be a child care staff member.

(3) Each child care center, group child care home, or family child care home that has volunteers on site shall establish and maintain a policy regarding supervision of volunteers including volunteers who are parents of a child receiving care at the child care center, group child care home, or family child care home.

(4) As used in this section, “child abuse” and “child neglect” mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018

722.115r Individual required to undergo criminal history check or database check; individual ineligible to receive license, be adult member of household, or be child care staff member; conditions.

Sec. 5r. (1) An individual required to undergo a criminal history check as described in section 5n is ineligible for that application only, to receive a license, be an adult member of the household or be a child care staff member if the individual does either of the following:

(a) Refuses to consent to the criminal history check or central registry check as required under section 5q.

(b) Knowingly makes a materially false statement or knowingly omits information in connection with a criminal history check or central registry check as required under section 5q.

(2) An individual required to undergo a database check as required under section 5n(1)(a) who has a confirmed history of disciplinary action or violations as outlined in section 11(5) and (6) may be considered ineligible to receive a license, be an adult member of the household, or be a child care staff member.

(3) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual satisfies 1 or more of the following:

(a) Is registered, or is required to be registered, on a state sex offender registry or repository or the national sex offender registry.

(b) Has been convicted of a felony consisting of 1 or more of the following or any other state or federal equivalent:

(i) Murder or homicide.

(ii) Child abuse or child neglect.

(iii) A crime against a minor child, including, but not limited to, child pornography.

(iv) Spousal abuse or domestic violence.

(v) A crime involving rape or sexual assault.

(vi) Kidnapping.

(vii) Arson.

(viii) Physical assault or battery.

(ix) Human trafficking or involuntary servitude.

(c) Has been convicted of a violent misdemeanor against a child, including, but not limited to, 1 or more of the following crimes:

(i) Child abuse.

(ii) Child endangerment.

(iii) Sexual assault.

(d) Has been convicted of a misdemeanor involving child pornography.

(4) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of 1 or more of the following felonies, an attempt or conspiracy to commit 1 or more of the following felonies, or any other state or federal equivalent, unless 10 years have lapsed since the conviction, before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household, or a child care center, group child care home, or family child care home allows an individual to be a child care staff member:

(a) A felony involving harm or threatened harm to an individual.

(b) A felony involving the use of a firearm or dangerous weapon.

(c) A felony involving cruelty or torture of any person.

(d) A felony involving a substantial misrepresentation of any material fact, bribery, fraud, larceny, embezzlement, theft, home invasion, breaking and entering, receiving and concealing stolen property or a crime of similar statute.

(e) A felony involving operating a motor vehicle while intoxicated or impaired causing serious injury or death.

(f) A felony involving the use of a computer or the internet to commit a crime.

(g) A felony involving cruelty to animals, including, but not limited to, fighting, killing, torturing, and abandoning.

(h) A felony involving aggravated stalking, aggravated indecent exposure, indecent exposure by a sexually delinquent person, pandering, transporting an individual for prostitution, and keeping, maintaining, or operating a house of ill fame.

(i) A felony as a habitual offender.

(5) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of a felony drug offense, an attempt or conspiracy to commit a felony drug offense, or any other state or federal equivalent, unless 7 years have lapsed since the conviction before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household or a child care center, group child care home, or family child care home allows an individual to be a child care staff member.

(6) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of 1 or more of the following misdemeanors, an attempt or conspiracy to commit any of those misdemeanors, or any other state or federal equivalent, unless 5 years have lapsed since the conviction before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household or a child care center, group child care home, or family child care home allows an individual to be a child care staff member:

(a) A misdemeanor involving operating under the presence of a controlled substance, use or possession of a controlled substance, and selling or furnishing a controlled substance to a minor.

(b) A misdemeanor involving using computers to commit a crime, a substantial misrepresentation of a material fact, embezzlement, breaking and entering, and any other fraudulent crime except retail fraud in the third degree, petty theft, or shoplifting.

(c) A misdemeanor involving stalking, assault, spousal abuse, domestic violence, weapons offense, harboring runaways, aiding and abetting, and arson.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018.

722.115s Individual previously reviewed and approved before effective date of amendatory act; request for redetermination.

Sec. 5s. (1) If an individual was previously reviewed and approved by the department as a licensee of a child care center or group child care home, as a registrant of a family child care home, as a licensee designee or program director for a child care center, or as an adult member of the household before the effective date of the amendatory act that added this section, the department may find the individual to be eligible to receive a license under this section, eligible to be a member of the household, or eligible to be a child care staff member if all of the following apply:

- (a) The offense was previously known and approved by the department before the effective date of the amendatory act that added this section.
- (b) The offense is not listed in section 5r(3).
- (c) The individual has remained continuously licensed under this act or continuously employed with an active child care center license, group child care home license, or family child care home registration since the date of approval.

(2) An individual determined to be ineligible under section 5r, excluding section 5r(3), who was a licensee, child care staff member, or adult member of the household at the time the records and database checks required under section 5n were completed, may request a redetermination of his or her eligibility. A redetermination must be requested in writing by the individual determined to be ineligible within 30 days after receipt of that determination. The request for a redetermination must include all evidence of rehabilitation that the individual wishes the department to consider. The department has 60 days, after all requested information has been received by the department, to respond in writing with the recommendation for the redetermination. The decision of the director is final.

History: Add. 2017, Act 256, Eff. Mar. 28, 2018

722.116 Evaluation of governmental child care organizations; report; state funds.

Sec. 6. (1) The department of health and human services and its local county department of health and human services offices similar to those organizations required to be licensed under this act shall be evaluated and approved at least once every 2 years, using this act and rules promulgated under this act for similar organizations licensed under this act.

(2) A report of the evaluation or inspection shall be furnished to the funding body for each governmental child care organization. Unless governmental child care organizations continue to meet the appropriate statutory requirements and administrative rules, state funds shall not be appropriated or provided for their continued operation. This subsection does not apply to the department of health and human services or a local county department of health and human services office.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.117 Original license; renewal or refusal to renew; modification to provisional license.

Sec. 7. An original license shall be issued to a new child care organization during the first 6 months of operation. An original license expires 6 months after the date of issuance. The renewal of an original license is contingent upon the submission of a new application and approval by the department. At the end of the first 6 months of operation, the department shall either renew as a regular license or refuse to renew the original license as provided in section 11 or modify to a provisional license as provided under section 7a(3).

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 2017, Act 258, Eff. Mar. 28, 2018

722.117a Provisional license.

Sec. 7a. (1) A provisional license may be issued to a child care organization that is temporarily unable to conform to the rules. The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan to overcome the deficiency present in the child care organization within the time limitations of the provisional licensing period.

(2) A provisional license expires 6 months after the date of issuance and may be issued not more than 3 times. The renewal of a provisional license shall be contingent upon the submission of a new application and approval by the appropriate department. At the end of the 6 months, the department shall either issue a regular license, refuse to renew the license as provided in section 11, or modify to a provisional license as provided in this section.

(3) The department may modify the license of a child care organization to a provisional license when the licensee willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license. A license cannot be modified unless the licensee is given written notice of the grounds of the proposed modification. If the proposed modification is not appealed, the license will be modified. The proposed modification must be appealed within 30 days after receipt by writing the director or director's designee. Upon receipt of the appeal, the director or director's designee must initiate the provisions of chapters 4 and 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.292. Notice of a hearing must be given to the licensee by personal service or delivery to the proper address by certified mail not less than 2 weeks before the date of the hearing. The decision of the director must be made as soon as practicable after the hearing and forwarded to the licensee by certified mail not more than 10 days after that. The formal notice and hearing requirement in this subsection does not apply if the licensee and the department comply with subsection (4).

(4) The department may immediately modify a license without providing written notice of the grounds of the proposed action or giving the licensee 30 days to appeal if the licensee, in writing, does the following:

(a) Waives the requirement that the department provide written notice of the grounds for the proposed action.

(b) Waives the 30-day time frame in which to submit a written appeal to the proposed action.

(c) Waives the right to implement the provisions of chapters 4 and 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.292.

(5) As used in this section:

(a) “Substantially violates” means repeated violations or noncompliance of this act, a rule promulgated under this act, or the terms of a license that jeopardizes the health, safety, care, treatment, maintenance, or supervision of individuals receiving services or, in the case of an applicant, individuals who may receive services.

(b) “Willfully violates” means, after receiving a copy of the act, the rules promulgated under the act and, for a license, a copy of the terms of a license, or a previous citation for a violation of this act or a rule promulgated under this act, a licensee or an applicant knew or had reason to know that his or her conduct was a violation of the act, rules promulgated under the act, or the terms of a license.

History: Add. 2017, Act 258, Eff. Mar. 28, 2018

722.118 Regular license; renewal; duration; contents; reissuance.

Sec. 8. (1) A regular license is effective for 2 years after the date of issuance unless revoked or refused renewal as provided in section 11 or modified to a provisional as provided in section 7a. The license shall be renewed biennially on application and approval. A license shall specify in general terms the kind of child care organization the licensee may undertake, and the number, and ages of children that can be received and maintained.

(2) The department may accept a licensee’s written request to close a license if the department does not have an active investigation against the licensee or is not pursuing revocation or refusal to renew as provided in section 11.

(3) A certification of registration issued by the department before the effective date of the amendatory act that added this subsection shall be reissued as a license. The reissuance shall be completed in the manner determined by the department within 1 year after the amendatory act that added this subsection.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 32, Imd. Eff. Mar. 10, 1980;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 2017, Act 258, Eff. Mar. 28, 2018

722.118a Assessment of child care organization compliance with act and rules; assessment of foster family home or foster family group home; certification; on-site evaluation.

Sec. 8a. (1) The department shall periodically assess a child care organization’s continued compliance with this act and the rules promulgated under this act. The department shall make an on-site evaluation of a child care organization at least once a year.

(2) The department may authorize a child placing agency or governmental unit to periodically assess a licensed foster family home or a licensed foster family group home under subsection (1) and to certify that the foster family home or the foster family group home continues to comply

with this act and the rules promulgated under this act. A periodic assessment of a licensed foster family home or a licensed foster family group home under this subsection may include an on-site evaluation of the child care organization.

History: Add. 1980, Act 32, Imd. Eff. Mar. 10, 1980;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.118b Regulation of foster family homes or foster family group homes; variance.

Sec. 8b. (1) Upon the recommendation of a local foster care review board under section 7a of 1984 PA 422, MCL 722.137, or of a child placing agency, the department may grant a variance to 1 or more licensing rules or statutes regulating foster family homes or foster family group homes to allow the child and 1 or more siblings to remain or be placed together. If the department determines that the placement would be in the child's best interests and that the variance from the particular licensing rules or statutes would not jeopardize the health or safety of a child residing in the foster family home or foster family group home, the department may grant the variance.

(2) The department's grant of a variance does not change a private home's licensure status.

History: Add. 1997, Act 165, Eff. Mar. 31, 1998;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.118c License; issuance to specific person or organization; location; nontransferable; property of department.

Sec. 8c. A license shall be issued to a specific person or organization at a specific location, shall be nontransferable, and shall remain the property of the department.

History: Add. 2017, Act 258, Eff. Mar. 28, 2018

722.119 Child care organization; presence of certain individuals prohibited; conditions; contact by certain individuals prohibited; conditions; documentation that individual not named in central registry; policy regarding supervision of volunteers; children's camps or campsites.

Sec. 9. (1) A licensee, adult member of the household, 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 under section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, or neglect under section 145 of the Michigan penal code, 1931 PA 328, MCL 750.145.

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

(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 under section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, or neglect under section 145 of the Michigan penal code, 1931 PA 328, MCL 750.145.

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

(3) Except as provided in subsection (5), a licensee, adult member of the household, 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 the licensee, adult member of the household, licensee designee, chief administrator, staff member, or volunteer 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, the licensee, adult member of the household, licensee designee, chief administrator, staff member, or unsupervised volunteer shall provide the department with an updated authorization for central registry clearance. If an updated central registry clearance documents that a licensee, adult member of the household, licensee designee, chief administrator, staff member, or unsupervised volunteer 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 and subsection (5), “child abuse” and “child neglect” mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

(4) Each child care organization shall establish and maintain a policy regarding supervision of volunteers including volunteers who are parents of a child receiving care at the child care organization.

(5) Staff members or unsupervised volunteers in children’s camps or children’s campsites who are 21 years of age or older may not have contact with a child who is in the care of a children’s camp until the staff member or volunteer provides the children’s camp with documentation from the department of health and human services that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect.

History: Add. 2002, Act 674, Eff. Mar. 31, 2003;—Am. 2010, Act 379, Imd. Eff. Dec. 22, 2010;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.119a Repealed. 2017, Act 257, Eff. Mar. 28, 2018.

Compiler’s Note: The repealed section pertained to the issuance of family child care home certificate of registration. See Section 5(m).

722.120 Investigation, inspection, and examination of conditions, books, records, and reports; access by department, bureau of fire services, or local authorities; records; report; forms; confidentiality; disclosure of information; availability of confidential records; child information cards to be provided to department; failure of licensee to cooperate with investigation, inspection, or examination.

Sec. 10. (1) The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:

(a) Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.

(b) Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, interviewing potential witnesses, such as staff and household members, and taking photographs to assess and document the conditions of the child care organization and its compliance with this act and the rules promulgated under this act.

(c) Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.

(2) The licensee shall allow the department, the bureau of fire services, or local authorities access to the child care organization to carry out the provisions of this act and rules promulgated under this act related to the health or fire protection of children.

(3) A licensee shall keep the records the department prescribes regarding each child in its control and care and shall report to the department, when requested, the facts the department requires with reference to the children upon forms furnished by the department. Except as otherwise provided in this subsection and subsection (4), records regarding children and facts compiled about children and their parents and relatives are confidential and disclosure of this information shall be properly safeguarded by the child care organization, the department, and any other entity in possession of the information. Records that are confidential under this section are available to both of the following:

(a) A standing or select committee or appropriations subcommittee of either house of the legislature having jurisdiction over protective services matters for children, according to section 7 of the child protection law, 1975 PA 238, MCL 722.627.

(b) The children's ombudsman established in section 3 of the children's ombudsman act, 1994 PA 204, MCL 722.923.

(4) Notwithstanding subsection (3) and sections 5 and 7(2) of the child protection law, 1975 PA 238, MCL 722.625 and 722.627, information or records in the possession of the department or the department of licensing and regulatory affairs may be shared to the extent necessary for the proper functioning of the department or the department of licensing and regulatory affairs in administering child welfare or child care licensing under this act or in an investigation conducted under section 43b of the social welfare act, 1939 PA 280, MCL 400.43b. Information or records shared under this subsection shall not be released by the department or the department of licensing and regulatory affairs unless otherwise permitted under this act or other state or federal law. Neither the department nor the department of licensing and regulatory affairs shall release or open for inspection any document, report, or record authored by or obtained from another agency or organization unless 1 of the conditions of section 7(10) of the child protection law, 1975 PA 238, MCL 722.627, applies.

(5) A child care center, group child care home, or family child care home licensee shall provide the department with child information cards for all children presently enrolled for care, as requested by the department, whenever the department initiates or conducts an investigation, inspection, or assessment. If the investigation, inspection, or assessment results in the department pursuing disciplinary action as provided by section 11, the child care center, group child care home, or family child care home licensee must provide the department with child information cards for newly enrolled children for the pendency of the proposed disciplinary action.

(6) The department may suspend, deny, revoke, or refuse to renew a license of the child care organization if the licensee does not cooperate with an investigation, inspection, or examination under this section.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 498, Imd. Eff. Jan. 21, 1981;—Am. 1994, Act 205, Eff. Jan. 1, 1995;—Am. 2006, Act 206, Imd. Eff. June 19, 2006;—Am. 2016, Act 495, Eff. Apr. 6, 2017;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.120a Contribution.

Sec. 10a. (1) A child placing agency shall not solicit or accept a contribution from a prospective adoptive parent unless the contribution is equivalent in value to the cost of, and tendered as payment for, an adoption service actually performed for the prospective adoptive parent by the child placing agency.

(2) A child placing agency shall not give or offer to give an individual preferential treatment in connection with an adoption service in return for a contribution from or on behalf of that individual.

(3) As used in this section, “contribution” means the payment of money or donation of goods or services.

History: Add. 1994, Act 243, Eff. July 5, 1994

722.121 Denial, revocation, or refusal to renew license; grounds; notice; appeal; hearing; decision; protest; denial of license for noncompliance; complaint by legislative body of city, village, or township; procedure; previous revocation of license or certificate of registration; issuance of license to individuals prohibited; conditions; immediate revocation or refusal to renew license or denial of application; issuance of subpoena; order; definitions.

Sec. 11. (1) An original license shall not be granted under this act if the issuance of the license would substantially contribute to an excessive concentration of community residential facilities within a city, village, township, or county of this state.

(2) The department may deny, revoke, or refuse to renew a license of a child care organization when the licensee or applicant falsifies information on the application or willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license. A license shall not be revoked, a renewal of a license shall not be refused, or an application for a license shall not be denied, unless the licensee or applicant is given notice in writing of the grounds of the proposed revocation, denial, or refusal. If revocation, denial, or refusal is appealed within 30 days after receipt of the notice by writing addressed to the department director, the department director or his or her designee shall conduct a hearing at which the licensee or applicant may present testimony and confront witnesses. If the proposed revocation, refusal, or denial is not appealed, the license shall be revoked, the license shall be refused renewal, or the application shall be denied. The proposed revocation, refusal, or denial must be appealed within 30 days after receipt by writing the department director or his or her designee. Upon receipt of the written appeal, the department director or his or her designee must initiate the provisions of chapters 4 and 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.292. Notice of the hearing shall be given to the licensee or applicant by personal service or delivery to the proper address by certified mail not less than 2 weeks before the date of the hearing. The decision of the director shall be made as soon as practicable after the hearing, and forwarded to the licensee or applicant by certified mail not more than 10 days after that. The formal notice and hearing requirements in this subsection do not apply if the licensee or applicant and the department comply with the provisions of subsection (7).

(3) The department shall deny a license to a child caring institution or foster family group home that does not comply with section 206 of the Michigan zoning enabling act, 2006 PA 110, MCL 125.3206.

(4) The legislative body of a city, village, or township in which a child caring institution or foster family group home is located may file a complaint with the department to have the organization's license suspended, denied, or revoked according to the procedures outlined in this act and the rules promulgated under this act. The department director shall resolve the issues of the complaint within 45 days after the receipt of the complaint. Notice of the resolution of the issues shall be mailed by certified mail to the complainant and the licensee. Failure of the department director to resolve the issues of the complaint within 45 days after receipt of the complaint shall serve as a decision by the director to suspend, deny, or revoke the organization's license. If the decision to suspend, deny, or revoke the license or the resolution of the issues is

protested by written objection of the complainant or licensee to the department director within 30 days after the suspension, denial, or revocation of the license or the receipt of the notice of resolution, the department director or a designated representative of the director shall conduct a hearing according to the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328, at which the complainant and licensee may present testimony and cross-examine witnesses. The director's decision shall be mailed by certified mail to the complainant and the licensee. If the resolution of the issues by the department director is not protested within 30 days after receipt of the notice of the resolution, the resolution by the department director is final.

(5) The department shall not issue a license to or renew a license of a child care center, group child care home, or family child care home if the applicant or licensee has had a previous license or certificate of registration revoked or refused renewal or an application denied due to a violation of this act, the rules promulgated under this act, or the terms of the license or certificate of registration that resulted in the severe physical injury, sexual abuse, or death of a child while under its care.

(6) The department shall not issue a license to an individual who worked in a child care center, group child care home, or family child care home at the time of a violation of this act, the rules promulgated under this act, or the terms of a license that resulted in the severe physical injury or death of a child or resulted in a child being sexually abused if the individual had direct care and supervision of that child at the time of the violation.

(7) The department may immediately revoke or refuse to renew a licensee or deny an application for a license without providing written notice of the grounds of the proposed action or giving the licensee or applicant 30 days to appeal if the licensee or applicant, in writing, does all of the following:

- (a) Waives the requirement that the department provide written notice of the grounds for the proposed action.
- (b) Waives the 30-day time frame in which to submit a written appeal to the proposed action.
- (c) Waives the right to implement the provisions of chapters 4 and 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.292.

(8) The director or his or her designee may issue a subpoena to do either of the following:

- (a) Compel the attendance of a witness to testify at a contested case hearing.
- (b) Produce books, papers, documents, or other items relevant to the investigation or hearing.

(9) If a subpoena is disobeyed, the director or his or her designee may petition the circuit court to require the attendance of a witness or the production of books, papers, documents, or other items. The circuit court may issue an order requiring a person to appear and give testimony or produce books, papers, documents, or other items. Failure to obey the order of the circuit court may be punished by the court as a contempt of court.

(10) As used in this section:

(a) “Substantially violates” means repeated violations or noncompliance of this act, a rule promulgated under this act, or the terms of a license that jeopardizes the health, safety, care, treatment, maintenance, or supervision of individuals receiving services or, in the case of an applicant, individuals who may receive services.

(b) “Willfully violates” means, after receiving a copy of the act, the rules promulgated under the act and, for a license, a copy of the terms of a license, or a previous citation for a violation of this act or a rule promulgated under this act, a licensee or an applicant knew or had reason to know that his or her conduct was a violation of the act, rules promulgated under the act, or the terms of a license.

History: 1973, Act 116, Eff. Mar 29, 1974;—Am. 1976, Act 398, Eff. Mar. 13, 1977;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 2010, Act 85, Imd. Eff. May 27, 2010—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.121a Notice of location of new and existing licensed child caring institutions or foster family group homes.

Sec. 11a. The director of the department shall notify the clerk of the city, village, or township and the legislature of the location of new and existing licensed child caring institution or foster family group home within the boundaries of the cities, villages, and townships in this state. The notification shall be given within 30 days after the licensing of a new organization.

History: Add. 1976, Act 398, Eff. Mar. 31, 1977;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.121b Database; establishment; maintenance; information.

Sec. 11b. (1) The department shall establish and maintain a database of child care centers, family child care homes, and group child care homes. The database shall include, at a minimum, all of the following information:

(a) The name, address, and telephone number of the child care center, family child care home, or group child care home.

(b) The days and general hours of operation of the child care center, family child care home, or group child care home.

(c) The license number, effective date, expiration date, and date of the last inspection of the child care center, family child care home, or group child care home.

(d) The number and nature of any adverse action taken against the child care center, family child care home, or group child care home by the department.

(e) The number and nature of any special investigations regarding the child care center, family child care home, or group child care home conducted by the department. This information shall remain in the database as long as the licensee is licensed under this act.

(2) The department shall make the following database information available to the public on the internet for persons seeking information on child care options, without charge, through that department's website:

(a) The items listed in subsection (1)(a) to (c).

(b) The results of any monitoring inspections conducted in the past 3 years and information on corrective actions taken, if applicable.

(c) The results of any substantiated complaint investigations conducted in the past 3 years and information on corrective actions taken.

(3) The department shall inform the public, through press releases or other media avenues, of the information available as provided under subsection (2).

History: Add. 2002, Act 645, Imd. Eff. Dec. 23, 2002;—Am. 2007, Act 217, Imd. Eff. Dec. 28, 2007;—Am. 2010, Act 86, Imd. Eff. May 27, 2010;—Am. 2017, Act 258, Eff. Mar. 28, 2018

722.121c Temporary operation at unlicensed location in case of disaster; new license required if remaining at new location; determination of disaster.

Sec. 11c. (1) In the case of a disaster, a child care center, group child care home, or family child care home may temporarily operate at an unlicensed location under this section. The requirements to temporarily operate at an unlicensed location under this section are as follows:

(a) The child care center, group child care home, or family child care home cannot operate in a new location until after the department has conducted an inspection and approved the new location.

(b) For a child care center, a fire safety inspection, an environmental health inspection, and, if necessary, a lead hazard risk assessment, and, for a group child care home or family child care home, an environmental health inspection, if necessary, are conducted within 45 days of the proposal of the new location. If any of the inspections find the new location to be unsafe, the child care center, group child care home, or family child care home must discontinue operation in that new location.

(2) If the child care center, group child care home, or family child care home will remain at the new location, the licensee must apply for and obtain a new license within 1 year of moving to the new location.

(3) The department shall determine what constitutes a disaster under this section.

History: Add. 2017, Act 257, Eff. Mar. 28, 2018

722.122 Appeal.

Sec. 12. A person aggrieved by the decision of the director following a hearing under section 7a or 11 may appeal as provided in chapter 6 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.301 to 24.306.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.123 Injunction.

Sec. 13. (1) The department may bring an action for injunctive relief in the circuit court for the county in which the person resides or in the circuit court for Ingham County, to enjoin a violation or threatened violation of this act or a rule promulgated under this act. An affidavit of an individual who is personally familiar with the basis of noncompliance must be filed with the action for injunctive relief.

(2) If the department has conducted an investigation that discloses an imminent threat to the public health, safety, or welfare, or the well-being of a child is endangered, the department may obtain an injunction to restrain or prevent a person from acting in a manner that threatens the public health, safety, or welfare, or to compel a person to affirmatively take reasonable corrective action. Before obtaining an injunction as provided by this subsection, the department must obtain an affidavit by a person familiar with the facts set forth in the affidavit, or, if appropriate, based upon an affidavit, that an imminent threat to the public health, safety, or welfare exists or the well-being of a child is endangered. The appropriate department is not required to provide prior warning to the person before obtaining an injunction under this section. The appropriate department is not required to demonstrate an imminent threat to the public health, safety, or welfare or child endangerment if the person is operating a child care organization without a license in violation of the director's final order issued under section 11.

(3) If the department is successful in obtaining an injunction as provided in this section, the department is entitled to actual costs and attorney fees for maintaining the action.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124 Persons authorized to place child.

Sec. 14. Only a parent, guardian of the person of a child, a person related to a child by blood, marriage, or adoption, a child placing agency, or a governmental unit may place a child in the control and care of a person. This section does not prevent foster parents from placing foster children in temporary care according to rules promulgated by the department.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124a Consent to medical and surgical treatment of minor child; “routine, nonsurgical medical care” defined.

Sec. 14a. (1) A probate court, a child placing agency, or the department may consent to routine, nonsurgical medical care, or emergency medical and surgical treatment of a minor child placed in out-of-home care under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, the probate code of 1939, 1939 PA 288, MCL 710.21 to 712B.41, or this act. If the minor child is placed in a child care organization, the probate court, the child placing agency, or the department making the placement shall execute a written instrument investing that organization with authority to consent to emergency medical and surgical treatment of the child. The department may also execute a written instrument investing a child care organization with authority to consent to routine, nonsurgical medical care of the child. If the minor child is placed in a child care institution, the probate court, the child placing agency, or the department making the placement shall in addition execute a written instrument investing that institution with authority to consent to the routine, nonsurgical medical care of the child.

(2) A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing that organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.

(3) Only the minor child’s parent or legal guardian shall consent to nonemergency, elective surgery for a child in foster care. If parental rights have been permanently terminated by court action, consent for nonemergency, elective surgery shall be given by the probate court or the agency having jurisdiction over the child.

(4) As used in this section, “routine, nonsurgical medical care” does not include contraceptive treatment, services, medication or devices.

History: Add. 1974, Act 191, Imd. Eff. July 2, 1974;—Am. 1984, Act 396, Eff. Mar. 29, 1985;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124b Definitions used in MCL 722.124b, 722.124c, and 722.124d.

Sec. 14b. As used in this section and sections 14c and 14d:

(a) “Adoption attorney” means that term as defined in section 22 of the Michigan adoption code, MCL 710.22.

(b) “Adoption facilitator” means a child placing agency or an adoption attorney who assists biological parents or guardians or prospective adoptive parents with adoptions according to the Michigan adoption code.

(c) “Michigan adoption code” means chapter X of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70.

(d) “Primary adoption facilitator” means the adoption facilitator in an adoption who files the court documents on behalf of the prospective adoptive parent.

(e) “Public information form” means a form described in section 14d that is completed by a primary adoption facilitator and maintained in a central clearinghouse by the department for distribution according to section 14d to individuals seeking information about adoption.

History: Add. 1994, Act 209, Eff. Jan. 1, 1995;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124c Filing of public information form by primary adoption facilitator; contents; authentication; applicability of section to certain adoptions.

Sec. 14c. (1) Not later than 10 days after the entry of an order of adoption under section 56 of the Michigan adoption code, MCL 710.56, the primary adoption facilitator for that adoption shall file with the probate court a completed public information form setting forth information including costs connected with the adoption as prescribed by section 14d. The public information form shall be authenticated by verification under oath by the primary adoption facilitator, or, in the alternative, contain the following statement immediately above the date and signature of the facilitator: “I declare that this public information form has been examined by me and that its contents are true to the best of my information, knowledge, and belief.”.

(2) This section does not apply to a stepparent adoption; the adoption of a child related to the petitioner within the fifth degree by blood, marriage, or adoption; or an adoption in which the consent of a court or the department is required.

(3) Except as provided in subsection (2), this section applies to adoptions in which the order of adoption under section 56 of the Michigan adoption code, MCL 710.56, is entered after July 1, 1995, including adoptions pending on July 1, 1995.

History: Add. 1994, Act 209, Eff. July 1, 1995;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124d Public information form; reporting nonconfidential information; detachable section; distribution of blank forms; acceptance and maintenance of completed forms; individual requests for information about adoption facilitators; sending nonconfidential portion in response to individual’s request; fee.

Sec. 14d. (1) The department shall develop a public information form for the reporting of the following nonconfidential information:

(a) The name and address of the primary adoption facilitator.

(b) The type of adoption, as follows:

(i) Direct placement or agency placement.

(ii) Intrastate, interstate, or intercountry.

(c) The name of the agency and individual who performed the preplacement assessment or the investigation required under section 46 of the Michigan adoption code, MCL 710.46, and the cost of the assessment or investigation.

(d) The name of each individual who performed counseling services for a biological parent, a guardian, or the adoptee; the individual's agency affiliation, if any; the number of hours of counseling performed; and the cost of that counseling.

(e) The name of each individual who performed counseling services for an adoptive parent; the individual's agency affiliation, if any; the number of hours of counseling performed; and the cost of that counseling.

(f) The total amount paid by an adoptive parent for hospital, nursing, or pharmaceutical expenses incurred by a biological parent or the adoptee in connection with the birth or any illness of the adoptee.

(g) The total amount paid by an adoptive parent for a biological mother's living expenses.

(h) The total amount paid by an adoptive parent for expenses incurred in ascertaining the information required under section 27 of the Michigan adoption code, MCL 710.27.

(i) The name of any attorney representing an adoptive parent, the number of hours of service performed in connection with the adoption, and the total cost of the attorney's services performed for the adoptive parent.

(j) The name of any attorney representing a biological parent, the number of hours of service performed in connection with the adoption, and the total cost of the attorney's services performed for the biological parent.

(k) The name of any agency assisting a biological parent or adoptive parent, and the cost of all services provided by the agency other than services specifically described in subdivisions (c), (d), and (e).

(l) The total amount paid by an adoptive parent for a biological parent's travel expenses.

(m) Any fees or expenses sought but disallowed by the court.

(n) The total amount of all expenses connected with the adoption that were paid for by the adoptive parent.

(o) An explanation of any special circumstances that made costs of the adoption higher than would normally be expected.

(2) The public information form prescribed by subsection (1) shall contain a detachable section for the reporting of all of the following confidential information:

(a) The age, sex, and race of each biological parent.

- (b) The age, sex, and race of the adoptee.
- (c) The name, age, sex, and race of each adoptive parent.
- (d) The county in which the final order of adoption was entered.
- (e) The county, state, and country of origin of the adoptee.
- (f) The legal residence of biological parents.
- (g) The legal residence of adoptive parents.
- (h) The dates of the following actions related to the adoption:
 - (i) The first contact of the birth parent with the primary adoption facilitator.
 - (ii) The first contact of the adoptive parent with the primary adoption facilitator.
 - (iii) The temporary placement, if applicable.
 - (iv) The formal placement.
 - (v) The order of the court finalizing the adoption.

(3) The department shall distribute blank public information forms to adoption facilitators, courts, and other interested individuals and organizations.

(4) Beginning on July 1, 1995, the department shall accept from the probate court of each county and maintain in a central clearinghouse completed public information forms for each adoption completed in this state. Upon the request of an individual seeking information about adoption facilitators serving a particular county or counties, the department shall send the individual a list of all adoption facilitators serving that county or those counties, the number of adoptions each person facilitated in the county or counties during the preceding 12 months, and the fees the department charges for transmitting copies of public information forms. Upon the individual's request for public information forms for a particular adoption facilitator or facilitators and payment of the required fees, the department shall send the individual copies of the nonconfidential portions of the public information forms completed by that adoption facilitator or those adoption facilitators during the preceding 12 months. If the number of adoptions facilitated by a particular adoption facilitator in a particular county or counties is insufficient to protect the confidentiality of the participants in an adoption, the department shall send the nonconfidential portions of additional public information forms for adoptions facilitated by that adoption facilitator in earlier years or in other counties. The additional forms required to protect confidentiality shall be sent without charge to the individual requesting the information.

(5) If the department receives public information forms completed by a probate register containing only the primary adoption facilitator's name and confidential information, the department shall send the nonconfidential portion of those public information forms completed by the probate register in response to an individual's request for public information forms for that adoption facilitator.

(6) The department may charge a fee for transmitting public information forms to individuals requesting them. The fee shall be sufficient to reimburse the department for the costs of copying, postage or facsimile, and labor.

History: Add. 1994, Act 209, Eff. Jan. 1, 1995;—Am. 1995, Act 107, Imd. Eff. June 23, 1995;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124e Legislative findings and declaration; requirement to provide services that conflict with child placing agency's religious beliefs prohibited; adverse action against child placing agency prohibited; information to be provided to applicant; defense in administrative or judicial proceeding; ability of another child placing agency to provide services not limited; definitions.

Sec. 14e. (1) The legislature finds and declares all of the following:

(a) When it is necessary for a child in this state to be placed with an adoptive or foster family, placing the child in a safe, loving, and supportive home is a paramount goal of this state.

(b) As of September 9, 2015, there are 105 licensed adoption and foster care agencies in this state that are authorized to participate in and assist families with adoption and foster parent placements of children.

(c) Having as many possible qualified adoption and foster parent agencies in this state is a substantial benefit to the children of this state who are in need of these placement services and to all of the citizens of this state because the more qualified agencies taking part in this process, the greater the likelihood that permanent child placement can be achieved.

(d) As of September 9, 2015, the adoption and foster care licensees of this state represent a broad spectrum of organizations and groups, some of which are faith based and some of which are not faith based.

(e) Private child placing agencies, including faith-based child placing agencies, have the right to free exercise of religion under both the state and federal constitutions. Under well-settled principles of constitutional law, this right includes the freedom to abstain from conduct that conflicts with an agency's sincerely held religious beliefs.

(f) Faith-based and non-faith-based child placing agencies have a long and distinguished history of providing adoption and foster care services in this state.

(g) Children and families benefit greatly from the adoption and foster care services provided by faith-based and non-faith-based child placing agencies. Ensuring that faith-based child placing agencies can continue to provide adoption and foster care services will benefit the children and families who receive publicly funded services.

(h) Under well-established contracting practices of the department, a private child placing agency does not receive public funding with respect to a particular child or particular individuals referred by the department unless that agency affirmatively accepts the referral.

(i) Under well-settled principles of constitutional law distinguishing “private action” from “state action”, a private child placing agency does not engage in state action when the agency performs private-adoption or direct-placement services. Similarly, a private child placing agency does not engage in state action relative to a referral for services under a contract with the department before the agency accepts the referral.

(2) To the fullest extent permitted by state and federal law, a child placing agency shall not be required to provide any services if those services conflict with, or provide any services under circumstances that conflict with, the child placing agency’s sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency.

(3) To the fullest extent permitted by state and federal law, the state or a local unit of government shall not take an adverse action against a child placing agency on the basis that the child placing agency has declined or will decline to provide any services that conflict with, or provide any services under circumstances that conflict with, the child placing agency’s sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency.

(4) If a child placing agency declines to provide any services under subsection (2), the child placing agency shall provide in writing information advising the applicant of the department’s website, the Michigan adoption resource exchange or similar subsequently utilized websites, and a list of adoption or foster care service providers with contact information and shall do at least 1 of the following:

(a) Promptly refer the applicant to another child placing agency that is willing and able to provide the declined services.

(b) Promptly refer the applicant to the webpage on the department’s website that identifies other licensed child placement agencies.

(5) A child placing agency may assert a defense in an administrative or judicial proceeding based on this section.

(6) If a child placing agency declines to provide any services under subsection (2), the child placing agency’s decision does not limit the ability of another child placing agency to provide those services.

(7) For the purpose of this section:

(a) “Adverse action” includes, but is not limited to, denying a child placing agency’s application for funding, refusing to renew the child placing agency’s funding, canceling the child placing agency’s funding, declining to enter into a contract with the child placing agency, refusing to renew a contract with the child placing agency, canceling a contract with the child placing agency, declining to issue a license to the child placing agency, refusing to renew the child placing agency’s license, canceling the child placing agency’s license, taking an enforcement action against a child placing agency, discriminating against the child placing agency in regard to participation in a government program, and taking any action that materially alters the terms or conditions of the child placing agency’s funding, contract, or license.

(b) “Services” includes any service that a child placing agency provides, except foster care case management and adoption services provided under a contract with the department.

History: Add. 2015, Act 53, Eff. Sept. 9, 2015;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.124f Decision to accept or not accept referral; defense in administrative or judicial proceeding; “adverse action” defined.

Sec. 14f. (1) If the department makes a referral to a child placing agency for foster care case management or adoption services under a contract with the child placing agency, the child placing agency may decide not to accept the referral if the services would conflict with the child placing agency’s sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency. Before accepting a referral for services under a contract with the department, the child placing agency has the sole discretion to decide whether to engage in activities and perform services related to that referral. The department shall not control the child placing agency’s decision whether to engage in those activities or perform those services. For purposes of this subsection, a child placing agency accepts a referral by doing either of the following:

(a) Submitting to the department a written agreement to perform the services related to the particular child or particular individuals that the department referred to the child placing agency.

(b) Engaging in any other activity that results in the department being obligated to pay the child placing agency for the services related to the particular child or particular individuals that the department referred to the child placing agency.

(2) The state or a local unit of government shall not take an adverse action against a child placing agency on the basis that the child placing agency has decided to accept or not accept a referral under subsection (1).

(3) If a child placing agency decides not to accept a referral under subsection (1), that occurrence shall not be a factor in determining whether a placement in connection with the referral is in the best interest of the child.

(4) A child placing agency may assert a defense in an administrative or judicial proceeding based on this section.

(5) For the purpose of this section, “adverse action” includes, but is not limited to, denying a child placing agency’s application for funding, refusing to renew the child placing agency’s funding, canceling the child placing agency’s funding, declining to enter into a contract with the child placing agency, refusing to renew a contract with the child placing agency, canceling a contract with the child placing agency, declining to issue a license to the child placing agency, refusing to renew the child placing agency’s license, canceling the child placing agency’s license, taking an enforcement action against a child placing agency, discriminating against the child placing agency in regard to participation in a government program, and taking any action that materially alters the terms or conditions of the child placing agency’s funding, contract, or license.

History: Add. 2015, Act 53, Eff. Sept. 9, 2015;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.125 Violation of act; violation of rule causing death of child; penalty; conviction as ground for revocation of license; effect of revocation, denial, or refusal to renew; rejection of application; “certificate of registration” defined.

Sec. 15. (1) Except as provided in subsection (2), a person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization who violates this act is guilty of a misdemeanor punishable by the following:

(a) A fine of not less than \$100.00 or more than \$1,000.00 for a violation of section 3b, 3c, or 3d.

(b) For a violation not described in either subdivision (a) or subsection (2), a fine of not less than \$100.00 or more than \$1,000.00, or imprisonment for not more than 90 days, or both.

(2) If a person, family child care home, group child care home, agency, or representative or officer of a firm, a corporation, an association, or an organization intentionally violates a licensing rule for family and group child care homes promulgated under this act and in effect on January 1, 2017, and that violation causes the death of a child, the person, family child care home, group child care home, agency, or representative or officer of a firm, a corporation, an association, or an organization is guilty of second degree child abuse described in section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, and punishable as provided in that section. In addition to any other penalty imposed, its license shall be permanently revoked.

(3) If a person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization is convicted under this act, the conviction is sufficient ground for the revocation of its license, and the person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization convicted shall not be granted a license, or be permitted to be connected, directly or indirectly, with a licensee or a registrant for a period of not less than 5 years after the conviction, except as provided in subsection (2).

(4) A person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization who has a license or certificate of registration revoked, application denied, renewal refused, or, before the effective date of the 2017 amendatory act that amended this subsection, certificate of registration revoked or refused renewal or application denied may be refused a license, or be prohibited from being connected, directly or indirectly, with a licensee for a period of not less than 5 years after the revocation, denial, or refusal to renew. The department, in its discretion, is not required to accept an application from a person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization described in this subsection. The department may reject the application on its face without taking further action after notifying the applicant of the rejection and the reason for the rejection.

(5) As used in this section, “certificate of registration” means the written document issued previously under this act to a family child care home through registration.

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 1980, Act 232, Imd. Eff. July 20, 1980;—Am. 1993, Act 218, Eff. Apr. 1, 1994;—Am. 2016, Act 487, Eff. Apr. 6, 2017;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.126 Education to public.

Sec. 16. The department shall provide continuous education to the public in regard to the requirements of this act through the ongoing use of mass media and other methods as are considered appropriate

History: 1973, Act 116, Eff. Mar. 29, 1974;—Am. 2017, Act 257, Eff. Mar. 28, 2018

722.127 Objection on religious grounds to medical examination, immunization, or treatment of child.

Sec. 17. Nothing in the rules adopted pursuant to this act shall authorize or require medical examination, immunization, or treatment for any child whose parent objects thereto on religious grounds.

History: 1973, Act 116, Eff. Mar. 29, 1974

722.127a Use of inhaler or epinephrine auto-injector by child at children’s camp.

Sec. 17a. (1) If the conditions prescribed in subsection (2) are met, notwithstanding any children’s camp policy to the contrary, a minor child may possess and use 1 or more of the following at the children’s camp, on camp-sponsored transportation, or at any activity, event, or program sponsored by the children’s camp or in which the minor child is participating:

(a) A metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or for use before exercise to prevent the onset of asthmatic symptoms.

(b) An epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

(2) Subsection (1) applies to a minor child if all of the following conditions are met:

(a) The minor child has written approval to possess and use the inhaler or epinephrine auto-injector as described in subsection (1) from the minor child's physician or other health care provider authorized by law to prescribe an inhaler or epinephrine auto-injector and from the minor child's parent or legal guardian.

(b) The director or other chief administrator of the minor child's camp has received a copy of each written approval required under subdivision (a) for the minor child.

(c) There is on file at the children's camp a written emergency care plan that contains specific instructions for the minor child's needs, that is prepared by a licensed physician in collaboration with the minor child and the minor child's parent or legal guardian, and that is updated as necessary for changing circumstances.

(3) A children's camp or an owner, director, or employee of a children's camp is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from either of the following:

(a) An employee of the children's camp having prohibited a minor child from using an inhaler or epinephrine auto-injector because the conditions prescribed in subsection (2) had not been satisfied.

(b) An employee of the children's camp having permitted a minor child to use or possess an inhaler or epinephrine auto-injector because the conditions prescribed in subsection (2) had been satisfied.

(4) This section does not eliminate, limit, or reduce any other immunity or defense that a camp or an owner, director, or employee of a camp may have under other state law.

(5) A children's camp may request a minor child's parent or legal guardian to provide an extra inhaler or epinephrine auto-injector to designated camp personnel for use in case of emergency. A parent or legal guardian is not required to provide an extra inhaler or epinephrine auto-injector to camp personnel.

(6) A director or other chief administrator of a children's camp who is aware that a minor child possesses an inhaler or epinephrine auto-injector as authorized under this section shall notify each camp employee who supervises the minor child of that fact and of the provisions of this section.

History: Add. 2005, Act 120, Imd. Eff. Sept. 22, 2005

722.128 Repeal.

Sec. 18. Act No. 47 of the Public Acts of 1944, being sections 722.101 to 722.108 of the Compiled Laws of 1970, is repealed.

History: 1973, Act 116, Eff. Mar. 29, 1974



APPROVAL: PA 116 of 1973

[http://www.legislature.mi.gov/\(S\(4alvlwu5wmscdvx52slycgwr\)\)/documents/mcl/pdf/mcl-act-116-of-1973.pdf](http://www.legislature.mi.gov/(S(4alvlwu5wmscdvx52slycgwr))/documents/mcl/pdf/mcl-act-116-of-1973.pdf)

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Useful Terms and Definitions

Amendments to the License - Amendments are changes to conditions under which a license is issued, including but not limited to, licensed bed capacity, age range or gender of client population.

Closing Admissions - Closing admissions means that no additional residents may be admitted to the facility regardless of referral source.

Limiting Admissions by Suspending DCF Referrals - Limiting admissions means DCF has determined that it will not refer its clients to the facility or program, either temporarily or permanently, or it will restrict the age or gender of DCF clients referred. This is not an adverse licensing action that requires notice and an administrative hearing because the facility's or program's ability to accept referrals from other sources is not impacted. However, limiting admissions does require the Commissioner's approval.

Non-Renewal of a License - A non-renewal of a license may occur if, at the time a facility or program applies for renewal of its license, the Department finds that the licensee is unable to comply with applicable regulations.

Revocation - A license revocation is the permanent removal of a license for a particular program or facility. All services provided under the license must cease and all residents of the facility must be removed.

Summary Suspension - A summary suspension occurs when a licensee is ordered to immediately cease all services provided under the license and all residents are removed based on emergency health and safety risks. DCF shall issue a notice of intent to revoke the license simultaneously with the notice of summary suspension.

Process

The Licensing Unit of the Department of Children and Families' shall be responsible for the licensing of privately-operated child caring (congregate care) facilities, child placing agencies, extended day treatment facilities, permanent family residences, and out-patient psychiatric clinics for children. The Licensing Unit shall also be responsible for monitoring these facilities and agencies for compliance with state law and the Regulations of Connecticut State Agencies, and for taking adverse licensing actions if warranted.

The Licensing Unit shall also be responsible for the approval of out-of-state child placing agencies wishing to place children with Connecticut adoptive families.

Note: This approval only allows the out-of-state child placing agency to place a child. It does not allow the agency to approve a Connecticut family for foster care or adoption, which can only be done by a child placing agency located in Connecticut and licensed by the Department.

Inquiries

When a provider requests information about the licensing process, the following procedure shall be used:

Inquiries from existing providers:

- Instruct provider to send a written request to the Licensing Program Supervisor (such request may be in the form of an email or a letter); and

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Inquiries (Continued)

- direct the provider to the DCF licensing website for additional information.

Inquiries from new providers with no existing contracts:

- direct the interested party to the Licensing Program Supervisor, who shall document the call on the Licensing Inquiry Form;

Note: The form includes: name, title of person, address, e-mail, website (if applicable), date of call, time of call and phone number.

- direct the caller to the DCF Licensing website which includes information on the following topics:
 - Requests for Proposals process,
 - Regulations and statutes, and
 - Application process;
- the Licensing Program Supervisor shall inform prospective licensees that, after they have reviewed the licensing website, they must schedule a Technical Assistance (TA) meeting.

Technical Assistance Meeting

All prospective providers who have never been licensed by DCF shall be required to participate in a Technical Assistance (TA) meeting.

The following documents must be brought to the TA meeting by the prospective provider:

- program description;
- staffing description, including education and experience requirements for each position;
- sample budget; and
- description of the physical plant and property.

The TA meeting shall be the provider's opportunity to ask questions and the Licensing Unit's opportunity to provide further direction. The meeting shall include a review of the initial application process using the Department's online application system.

Written Requests

When an applicant begins the process of submitting application documents using the online application system, the Licensing Program Supervisor shall assign the applicant to one of the Regulatory Consultants in the Licensing Unit.

If the prospective applicant is currently licensed by DCF, then the currently assigned Licensing Unit Regulatory Consultant shall provide technical assistance as needed to the applicant in order to complete the application process.

Technical assistance may include visiting the proposed program site in order to approve the location for the intended use.

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Expansion of an Existing License If a licensed agency wishes to expand its current services under an existing license, the licensee shall apply for such expansion using the DCF Application Form. The currently-assigned Licensing Unit Regulatory Consultant shall visit the site and/or provide other technical assistance prior to the receipt of the application. The Regulatory Consultant shall inform the Licensing Program Supervisor of the licensee's intent and of any actions taken by the Regulatory Consultant.

Initial Application Phase

When a licensing application packet is received:

- The Licensing Program Supervisor shall assign it to a Regulatory Consultant.
- The Regulatory Consultant shall review the packet and advise the applicant of any missing components or areas that need revision. The review shall include a review of the applicant's policy manuals, quality assurance plan (if applicable), and training plan (if applicable). The review shall ensure that all documents required on the Application Checklist are completed. For health and fire approvals, floor plans must be included for each building inspected.
- The Regulatory Consultant shall schedule an on-site visit to the program or facility during the review of the application packet in order to facilitate the timely completion of the initial licensing process.
- For all congregate care facilities, a plan for the education of children shall be included. The plan shall include an educational setting that is approved by the State Department of Education. If the applicant will be educating children in its own school, the school must be approved by the State Department of Education prior to the applicant receiving an initial license. If the applicant is applying for a license as a "Child Caring Facility - Residential Treatment" program, the applicant must have an on-site educational program that is approved by the State Department of Education.

The assigned Regulatory Consultant, after having completed his or her review, shall consult with the Licensing Program Supervisor for final review. If the application is found to be incomplete, the Regulatory Consultant shall contact the applicant for further follow-up.

Determination of Fiscal Viability

The applicant must be able to demonstrate sufficient fiscal viability to start up and sustain the program. This may be done through documentation submitted to DCF as a result of a pre-existing relationship. If the applicant does not have a pre-existing relationship with DCF, the applicant must provide a detailed budget for the new program with a description of its intended referral sources along with evidence of at least four months of funding for the new program.

Initial Inspection Phase

Once the applicant has submitted a completed application, the Regulatory Consultant shall schedule an on-site visit to the facility or program. The on-site activities may require more than one visit to the facility or program.

The following areas will be reviewed during the on-site visit:

- **Physical Plant:** The building shall be completely furnished and ready to open before an initial license will be issued. The behavioral, developmental and medical characteristics of the children to be served shall be taken into account when determining the adequacy and safety of the physical plant. (See DCF Regulations and Guidance for further details.)

Medication Administration: The medication administration area and record keeping system must be in compliance with all requirements listed in the DCF Medication Administration Guidelines. For child caring facilities, the facility or agency must have sufficient Medication Administration-certified staff in order to ensure that all medication administration times are covered. If the facility does not have a medication administration-certified staff member on site, then the facility must have a plan to ensure that a medication administration-certified staff member is on-call and can arrive at the facility or agency to administer medications as needed.

Physical Restraint and CPR Training for Child Caring Facilities and Extended Day Treatment programs: The facility or agency must ensure that each shift has at least two staff on duty who are trained in the proper use of physical restraint and at least one staff member who is trained in CPR.

Personnel Files: For initial licensure, the personnel files of all facility staff listed on the DCF Staff Schedule A shall be reviewed. At the time of relicensure, the personnel files of all staff who have been hired within the previous two years shall be reviewed.

The personnel files shall contain:

- the results of child protective services and State Police background checks;
- reports of physical exams, TB tests and any other required medical documentation;
- documentation of completion of all required training, including physical restraint training;
- required sign-offs for receipt of mandated reporter, confidentiality and patient's rights statutes;
- a copy of any license or certification required for the position; and
- any other documentation required by the Regulations of Connecticut State Agencies or the facility or agency's policies.

Sample Case Records: Each applicant must prepare a sample case record in the format required in the applicable sections of the Regulations of Connecticut State Agencies.

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License Issuance Decision Phase

If the applicant has demonstrated that it is in compliance with all of the requirements, an initial license may be issued.

All initial licenses, except for out-patient psychiatric clinics for children (OPCCs), are provisional licenses.

For child caring facilities (CCFs), the initial provisional license shall allow a licensed bed capacity (LBC) that is below the intended full capacity for the program. For example, a six-bed group home may be licensed initially for two or three residents. In determining the LBC for the initial license, the facility or program shall submit an initial implementation plan that shall address the following:

- What is the intended full capacity?
- How many of the program staff have been hired and trained?
- What is the facility's implementation plan for bringing new children into the program?
- How will the facility staff the program as the census increases?

The implementation plan must be in writing and approved by the Licensing Unit.

License Issuance Decision Phase: Increase in Capacity

For extended day treatment programs (EDT) and CCFs, the assigned Regulatory Consultant shall visit the program in order to assess its readiness to increase bed capacity and shall take the following into consideration:

- turnover in child care staff;
 - turnover in supervisory, management and clinical staff;
 - current vacancies in staffing at all levels;
 - status of staff training;
 - medication administration coverage;
 - performance of medication administration practices;
 - condition of the physical plant;
 - incident reports;
 - incidents of emergency and police intervention;
 - use of restraint and seclusion;
 - performance of fire drills;
 - whether adequate food supplies are properly stored;
 - provision of specified program services, *e.g.*, clinical, vocational, educational, medical;
 - stability of resident placements and turnover;
 - involvement of residents in educational programming (for CCFs only); and
 - whether resident case records are in compliance with applicable regulations.
-

Moving from Provisional to Regular License

In order to assess a program's readiness to move from a provisional license to a regular license, all of the above-listed areas must be reassessed and taken into consideration. In addition, the Regulatory Consultant shall ensure that all program systems are in place and functioning including:

(Continued next page)

LICENSING BEST PRACTICE GUIDE

The Private Provider Licensing Process

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Moving from Provisional to Regular License (Continued)

For child caring facilities and extended day treatment programs:

- treatment planning;
- educational programming (CCFs only);
- completed physical plant renovations;
- recreational programming, including adequate transportation and licensure or certification of staff as required;
- provision of required medical, dental, nursing and psychiatric care;
- case records maintained in compliance with regulations; and
- required staff training in place, including public service licenses as applicable.

For child placing agencies:

- review of approved families' files for compliance with regulations;
 - staff turnover; and
 - status of the physical plant.
-

Compliance Monitoring Phase – Quarterly Visits to CCFs

Each child caring facility shall be visited on at least a quarterly basis by the assigned Regulatory Consultant. During each visit, the Regulatory Consultant shall review the following:

- condition of the physical plant;
- status of program staffing;
- updates from the program management;
- status of outstanding corrective actions based on the previous site visit;
- number of residents in the program; and
- information received regarding complaints or concerns.

Regulatory Consultants shall document all visits to a licensed facility or program including meetings, technical assistance sessions, etc. The visit shall be documented on the DCF 3034 Field Visit Reporting form.

Compliance Monitoring Phase – Unscheduled and Follow-Up Visits

The Licensing Unit shall make unscheduled visits to licensed facilities and programs to ensure compliance with state regulations and the safety of the children served.

At the discretion of the Licensing Program Supervisor, a Regulatory Consultant may be assigned to conduct an unscheduled or follow-up visit in response to complaints, reports of suspected abuse or neglect, significant events, critical incidents and the monitoring of corrective action plans. Any visit which involves a Special Investigations Unit investigation shall be coordinated with the investigating social worker so as not to interfere with or contaminate the child protection investigation process. Such unscheduled visits shall be documented on the DCF 3034 Field Visit Reporting form.

(Continued next page)

Compliance Monitoring Phase – Unscheduled and Follow-Up Visits
(Continued)

Examples of conditions which may warrant an unscheduled or follow-up visit are:

- Staffing issues:
 - below the level required in the licensing application;
 - below the level required for medication administration; or
 - insufficient staff trained in crisis intervention.
- Other issues:
 - physical plant conditions which present a health or safety hazard;
 - significant deterioration in the condition of the physical plant;
 - an increased number of incidents or pattern of incidents, such as AWOLs, restraints, assaults, drug use, property destruction, threatening behavior, self-injurious behavior, police and emergency services intervention, serious staff misconduct, or sexualized behavior, which may indicate that the program is in violation of state regulations;
 - any incident which results in serious injury to or death of a child;
 - weapons possession by staff or residents; and
 - chronic or significant medication administration errors.

Non-Compliance Citations and Service Development Plans

The Licensing Unit shall issue non-compliance citations whenever a facility or program is found to be out of compliance with any state regulations.

A facility or program in non-compliance shall submit within 30 days of notice to the assigned Regulatory Consultant a Service Development Plan (SDP) indicating, with sufficient detail and a time line, how it will correct the issue(s) noted and return to full compliance. The SDP shall be signed by the Executive Director or CEO of the agency or program or be sent under a signed cover letter from the Executive Director or CEO.

The assigned Regulatory Consultant shall consult with facility and program management as necessary to ensure that a sufficient CAP is submitted and completed.

Failure of the facility or program to timely and sufficiently implement a SDP may lead to an adverse licensing action.

Renewal Phase

Licenses shall be renewed every two years.

Time frames for DCF activity:

- The assigned Regulatory Consultant shall notify the licensed provider 4 months prior to expiration of the license of the need to submit application materials.
- An inspection site visit shall be scheduled no less than three months prior to the license expiration date.
- The inspection report shall be written and mailed to the licensee no less than two months prior to the expiration date of the license. The licensing report shall be sent via email in order to verify when the report was received by the licensee. In addition a hard copy of the report will be sent via standard postal service.

(Continued next page)

**Renewal
Phase**
(Continued)

Service Development Plans:

- The licensee shall submit, if required, a Service Development Plan (SDP) within 30 days of receipt of the licensing report. The SDP shall be signed by the Executive Director or CEO of the agency or be sent under a signed cover letter from the Executive Director or CEO.
- If the severity of the regulatory violation(s) is such that the health and safety of residents is at risk, an immediate SDP may be required for repairs, replacements or other temporary measures (such as securing an area to deny access by residents) that eliminate the source of the threat.
- All SDPs must be implemented by the licensee within the specified time frames required by DCF. Time frames may range from immediate corrective action completed at the time the violations are discovered to time frames ranging from a number of hours to a number of days.
- Failure to implement the SDP may lead to a summary suspension or other adverse licensing action.
- If the SDP is accepted by the Department, a new license shall be issued prior to the expiration date of the current license.
- If elements of the SDP are not acceptable, the licensee shall be notified of the deficiencies in writing within 14 days. The licensee shall be required to submit a revised SDP within 14 days of receipt of the notification.
- The SDP may be submitted by e-mail or fax for the purpose of meeting the required time frames; however, the facility or program shall also send a hard copy signed by the Executive Director or CEO for placement in the Department's licensing file.

Issuing the license renewal: A renewed license shall be issued before the expiration date of the current license unless there are outstanding areas of non-compliance that have not been addressed in the SDP process.

- If non-compliance issues remain unresolved 30 days prior to the expiration date of the current license, the Regulatory Consultant or the Licensing Program Supervisor shall send the licensee a letter stating the date the license will expire and the reason(s) the license has not been renewed.
- If the licensing issues remain unresolved on the date of license expiration, the Department shall not renew the license.
- A letter indicating that the license has expired shall be sent via certified mail to the licensee indicating what adverse licensing action, if any, the Department intends to take and providing the information necessary for the licensee to challenge the decision.

Note: Pursuant to Conn. Gen. Stat. §4-182, a licensee may continue to operate with an expired license pending disposition of DCF's licensing action unless the Department proceeds with a summary suspension due to emergency health and safety risks.

LICENSING BEST PRACTICE GUIDE

The Private Provider Licensing Process

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Amendments to the License Amendments are changes to conditions under which a license is issued. Amendments, including reductions or increases in the licensed bed capacity, a change in the age range of clients or a change in the gender of residents, require the submission of a licensing application and the approval of the Licensing Program Supervisor.

If amendments to a license are unilaterally imposed by DCF due to regulatory non-compliance, the licensee shall be entitled to an administrative hearing.

Adverse Licensing Actions Licensing actions are formal unilateral measures taken by DCF which have a direct impact on a licensee's ability to operate or impact the conditions under which it may operate. Licensing actions include revocations, non-renewals, summary suspensions, unilateral amendments to licenses and the closing of admissions.

Note: Suspension of DCF referrals is not an adverse licensing action.

Procedure The Licensing Unit will forward all recommendations for adverse licensing actions to the Agency Legal Director for discussion with the DCF Commissioner. No adverse licensing action shall be taken without the Commissioner's approval.

Notification of Licensing Actions The written notification to the licensee of an adverse licensing action shall include the specific regulations violated, the evidence for those violations, the consultation provided to the licensee to gain compliance, and the rationale for the licensing action. The notification shall be signed by the Agency Legal Director.

The notification shall be sent via certified mail and shall clearly indicate the time frame and method by which the licensee may appeal the decision. Any adverse licensing action taken by the Department is subject to the requirements of the Uniform Administrative Procedures Act, Conn. Gen. Stat. §4-176e through §4-184a and the administrative hearing procedures set forth in state regulations and DCF policy.

Cross reference: DCF Policy 6-5, "Administrative Hearings."

EDT RISK ASSESSMENT

7. (f) Fails or refuses to grant the Commissioner or his designee unrestricted access to the premises to investigate cases of suspected abuse or neglect; to evaluate the provision of services and inspect the premises;

8. (g) Management or staff have been, within five years of date of application for license, convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for reasons of child abuse or neglect.

48. (b) An extended day treatment program shall employ sufficient numbers of qualified clinical, recreational, administrative and support staff to enhance the physical and emotional well-being and ensure the safety of the children in treatment.

56. and shall stipulate that volunteers or interns given direct access to children undergo reference checks, orientation, training and evaluation similar to that of the program's professional employees.

67. (b) An extended day treatment program shall ensure that all structures and space used by the program are free from any danger to health or safety.

79. (b) An extended day treatment program shall not hire or employ anyone who has been within five years of date of employment convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for reasons of child abuse or neglect.

80. Prior to employment and anytime thereafter upon request all employees shall undergo a State Police background check for any convictions.

114. A certified individual shall be on duty when the children are swimming. A certified individual is one who has a current water safety instructor's certificate or senior lifesaving certificate from the Red Cross or its equivalent.

115. The waterfront or pool shall be properly maintained and have proper safety equipment available.

116. Any proposed or existing pool shall meet regulatory and zoning requirements.

126. The program shall only permit prescription medication to be administered to a child upon the written order of the child's physician and written approval of the parent or guardian.

127. The program shall permit only staff who have been fully instructed in the proper administration, expected and side effects, and contraindications to continued administration of a prescribed medicine or treatment to administer that medicine or treatment pursuant to Section 20-14i of the Connecticut General Statutes.

131. A written record shall be kept of the administration of all prescription and non-prescription medicine to a child, identifying the medicine and dosage, time of administration and the person who administered the medicine.

132. All drugs, medicines and medical instruments shall be kept in labeled containers out of reach of children in a locked cabinet accessible only to designated staff members.

133. A child may keep and administer prescribed medicines himself only with the written approval of his physician and parent or guardian and the agreement of designated staff that this practice would not be a risk for other children in the program.

Appendix D2

139. The extended day treatment program shall prohibit abusive, corporal, humiliating or frightening punishment and restraints not appropriate to the circumstances. Control, supervision and discipline of children shall be an adult responsibility appropriate to the child's age and level of development and shall not be prescribed or administered by the children.

141. The program shall use time out, restraints or seclusion only in accordance with the program's policies and procedures and CT General Statutes 46a-150 through 46a-154.

142. All EDT direct care staff who work directly with children must be trained in the use of restraint and seclusion in accordance with Connecticut General Statute 46a-150 through 154.

143. All incidents of restraint and seclusion must be documented in the child's case record including documentation that the child's legal guardian has been notified.



Field Visit Reporting Form

This form is used to summarize field visits to a licensed facility or program other than the bi-annual licensing inspection. The visit may be announced or unannounced and is intended to highlight the specific items reviewed / discussed and indicate if there are specific areas where corrective action has been taken or must be taken.

NAME OF FACILITY / PROGRAM: _____

TIME OF VISIT (FROM - TO): _____ DATE: _____

AGENCY PERSONNEL WHO PARTICIPATED:

Name	Job Title

Areas / Topics covered during visit:

Corrections implemented as a result of previous visit:

Recommendations: (The following areas were not identified as regulatory non-compliance, but are recommended to be addressed in order to enhance program functioning)

Areas of regulatory non-compliance identified during this visit:

Please submit a plan of correction to address the above referenced areas of non-compliance within 30 days of receipt of this report. The plan of correction must be submitted to the attention of the undersigned at the address listed above.

Regulatory Consultant

Date

A COPY OF THIS SUMMARY SHOULD BE SENT TO THE EXECUTIVE DIRECTOR OF THE FACILITY / PROGRAM



ENFORCEMENT FACT SHEET

The Department is granted enforcement authority by ss. 402.310 and 402.312, Florida Statutes, and Chapters 65-C20 and 65C-22, Florida Administrative Code. Enforcement actions shall be progressive in accordance with the following guidelines:

Technical Assistance

Technical Assistance is provided to each child care provider found to be noncompliant with one or more licensing standards. Licensing staff shall provide technical assistance for each standard violated by offering recommendations to the provider on how to comply with licensing standard(s).

Corrective Action

Corrective Action documentation is required for all licensing standards cited for noncompliance and may include corrective action requirements, task(s) and due dates to meet the minimum licensing standards.

Administrative Fine

An administrative fine is a disciplinary sanction based on the number of occurrences and the Classification Level of licensing standard violations, which occur over a two-year period, as defined in Chapters 65-C22.010(2) and 65-C20.012(3), F.A.C.

Provisional-Status License

The provisional-status license is issued for an owner or operator to remedy a violation or violations which are **beyond the control** of the provider. The provisional status license is not a disciplinary sanction and may be issued for a period not to exceed six months.

Probation-Status License

The probation-status license is issued when the license is in jeopardy of being revoked or not renewed due to violations of licensing standards.

Suspend, Deny or Revoke a License

Suspension of a license or registration is based on the nature and severity of violation(s), repetition of the violation(s), progressive enforcement history and/or the immediate threat to the health, safety or well-being of the children in care. A suspended license or registration shall be for a fixed amount of time.



Denial of a license or registration is based on the nature and severity of the violation(s), repetition of the violation(s), progressive enforcement history, and the extent to which the provision of ss. 402.301-402.319, F.S., have been violated.

Revocation of a license or registration is based on severity of the violation(s), including the probability that death or serious harm to the health or safety of any child will result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of ss. 402.301-402.319, F.S., have been violated.

Emergency Suspension Order

An Emergency Suspension Order is an administrative order issued by the Department to close a facility or home for a violation of a licensing standard or standards which pose an imminent (immediate) threat to a child and which could or does result in death or serious harm to the health, safety or well-being of a child.

Injunction

An injunction is a court order issued by a Circuit Court to close a facility or home that is operating without a license or registration. An injunction may also be used to close a facility or home that continues to operate after an Emergency Suspension Order has been issued to a provider.

CLASSIFICATION OF VIOLATIONS

Class Level of Violations:

Class I Violations – are the most serious in nature, that results in death or serious harm to a child including abuse or neglect.

Class II Violations – are less serious in nature than Class I violations and could be anticipated to pose a threat to the health, safety or well-being, although the threat is not imminent. A Class II standard violation resulting in death or serious harm to a child shall be increased to a Class I violation.

Class III Violations – are less serious in nature than either Class I or Class II violations and pose a low potential for harm to children.

The Department utilizes the progressive disciplinary sanctions outlined in s. 402.310, F.S., and Chapters 65C-22.010(2) and 65C-20.012(3), F.A.C., for facilities and homes. The progressive disciplinary sanction matrix below outlines the Department's procedure for consistent enforcement of continued violations of licensing standards over a two year period.



**Progressive Disciplinary Sanctions
Facilities/Family Day Care and Large Family Child Care Homes**

Violation Level	Occurrence per Same Standard	Required Action by the Department:	Gold Seal Quality Care Designated Programs	Optional Action by the Department:
SR Only	All occurrences	Progressive enforcement handled by the local Early Learning Coalition		
Class III	1 st	Provide Technical Assistance and Document on the inspection report.		
	2 nd	Provide Technical Assistance and Document on the inspection report.		
	3 rd	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$25 for each violation.	For three or more occurrences that have not been corrected within a 1 year period of each citation: Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$25 for each violation; AND Include Gold Seal termination language in Administrative Complaint; AND Notify program office.	
	4 th	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$30 per day* for each violation.		
	5 th	Provide Technical Assistance and Document on the inspection report; Place License on probation for a period not to exceed 6 months. Exception for Children's Health and Immunization violations, see rule 65C-22.010(2)(d)3.c., F.A.C.; AND Fine in the amount of \$40 per day* for each violation.		
	6 th and subsequent	Provide Technical Assistance and Document on the inspection report; Suspend, deny or revoke license. Place License on probation for Children's Health and Immunization violations, see rule language 65C-22.010(2)(d)3.d., F.A.C.; AND Fine in the amount of \$50 per day* for each violation.		
Class II	1 st	Provide Technical Assistance and Document on the inspection report.		
	2 nd	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$50 for		



		each violation.		
	3 rd	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$60 per day* for each violation.	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount of \$60 per day* for each violation; AND Include Gold Seal termination language in Administrative Complaint; AND Notify program office.	
	4 th	Provide Technical Assistance and Document on the inspection report; Place License on probation status for a period not to exceed 6 months; AND Fine in the amount of \$75 per day* for each violation.		
	5 th and subsequent	Provide Technical Assistance and Document on the inspection report; Suspend, deny or revoke license; AND Fine in the amount of \$100 per day* for each violation.		
Class I	1 st and 2 nd	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount not less than \$100 nor more than \$500 per day* for each violation.	Provide Technical Assistance and Document on the inspection report; AND Fine in the amount not less than \$100 nor more than \$500 per day* for each violation; AND Include Gold Seal termination language in Administrative Complaint; AND Notify program office	May impose other disciplinary sanction in addition to the fine.
	3 rd and subsequent (in any standard)	Provide Technical Assistance and Document on the inspection report; AND Suspend, deny or revoke license.		May fine not less than \$100 nor more than \$500 per day* for each violation and/or any other disciplinary sanction.

Risk Assessment and Licensing Decision Making Matrices: Taking into Consideration Rule Severity and Regulatory Compliance Prevalence Data

Sonya Stevens, Ed.D. & Richard Fiene, Ph.D.

June 2019

This short paper combines the use of risk assessment and licensing decision making matrices. In the past, risk assessment matrices have been used to determine the frequency of monitoring and licensing visits and scope of reviews based upon individual rule severity, risk factors, or both. Notably, these data were lacking because they had not been aggregated to determine what type of licensing decisions should be made based upon prevalence, probability, or regulatory compliance history data. The approach described here is a proposed solution to that problem.

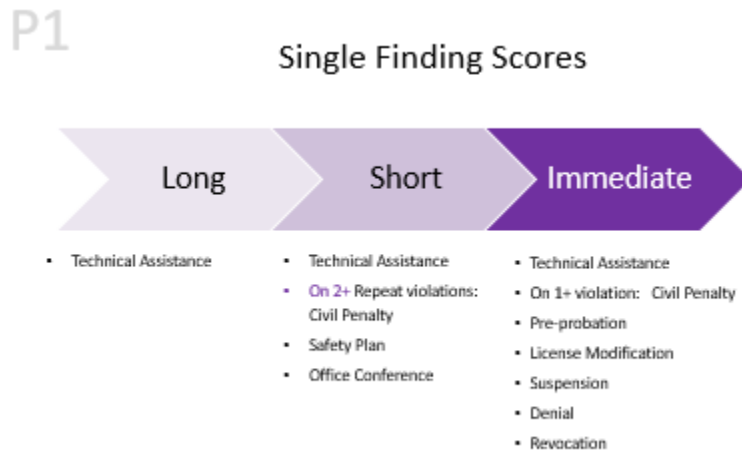
Washington State's HB 1661 (2017) redefined the department's facility licensing compliance agreement (FLCA) process. One feature of this new process is to allow licensed providers to appeal violations noted on the FLCA that do not involve "health and safety standards."¹ To determine what licensing rules are and are not "health and safety standards" under the new definition, the department worked with community and industry stakeholders, and sought extensive public input, to assign weights to licensing regulations. These weights were based on each regulation's risk of harm to children. A rule designed to protect against the lowest risk of harm was assigned a "1" and a rule designed to protect against the highest risk of harm was assigned an "8". Weights of "2" through "7" were determined accordingly. These weights were then grouped into three different categories based on risk:

- **Weights 8, 7 and some 6 = immediate concern**
- **Weights 4, 5 and most 6 = short term concern**
- **Weights 1, 2, and 3 = long term concern**

Using the new risk categories, the department developed a two-prong approach that considers both the risk of harm to children at the time a violation is monitored (single findings) and the risk of harm to children arising from violations noted for a given provider over a four year period (historical or overall findings). Used together, the department will assess the single findings and the historical findings to determine appropriate licensing actions, ranging from offering technical assistance to summarily suspending and revoking a child care license. In addition, the department will also note how many times a provider violates the *same* rule, with the severity of a licensing action increasing each time. For example, a violation within the short term concern category could be subject to a civil penalty when violated the second (or potentially the 3rd) time in a four-year period. Whereas, a violation in the immediate concern category could be subject to a civil penalty or more severe action upon the first violation. (See Graphic for Step 1).

¹ Washington law governing child care and early learning defines "health and safety standards" to mean "rules or requirements developed by the department to protect the health and safety of children against substantial risk of bodily injury, illness, or death." RCW 43.216.395(2)(b).

Step 1:



A more difficult task is assigning initial thresholds for the overall finding score. It is this second step (Step 2) where we need to consider probability and severity side by side as depicted in Chart 1 below which is generally considered the standard Risk Assessment Matrix in the licensing research literature:

Step 2:

Chart 1 – Risk Assessment Matrix

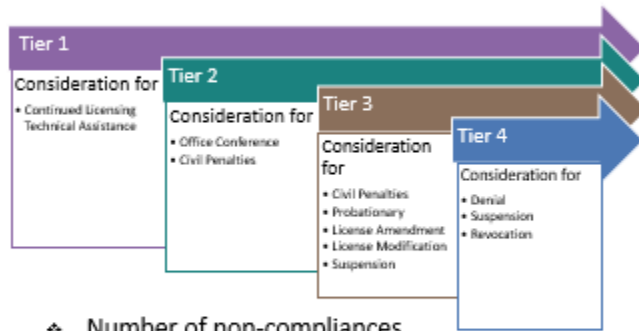
		Probability/	Prevalence		
	Levels	High	Medium	Low	Weights
Risk/	High	9	8	7	7-8
Severity	Medium	6	5	4	4-6
	Low	3	2	1	1-3
	# of Rules	8 or more	3-7	2 or fewer	

The next step (Step 3) is to build in licensing decisions using a graduated Tiered Level system as depicted in the following figure. In many jurisdictions, a graduated Tiered Level system is used to make determinations related to monitoring visits (frequency and scope) and not necessarily for licensing decisions.

Step 3:

P2

Overall License Score



- ❖ Number of non-compliances
- ❖ Scores used to calculate 'licensing score'
- ❖ Lower licensing scores = higher compliance

Step 4 involves combining steps 1 and 2 into a revised risk assessment matrix as depicted in the following chart:

Step 4:

Risk Assessment (RA) Matrix Revised

Levels		High	Medium	Low
Risk/Severity	Immediate	9	8	7
	Short-term	6	5	4
	Long-term	3	2	1
		Probability		
Regulatory Compliance (RC): # of Rules out of compliance and In compliance	8+ rules out of compliance. 92 or less regulatory compliance.	3-7 rules out of compliance. 93 – 97 regulatory compliance.	2 or fewer rules out of compliance. 98 – 99 regulatory compliance.	

The last step (Step 5) is to take steps 3 and 4 and combine them together into the following charts which will provide guidance for making licensing decisions about individual programs based upon regulatory compliance prevalence, probability, and history as well as rule risk/severity data.

Step 5:

Licensing Decision Making Matrix*

Tier 1 = (1 – 2) RA Matrix Score

Tier 2 = (3) RA Matrix Score

Tier 3 = (4 – 5) RA Matrix Score

Tier 4 = (6 – 9) RA Matrix Score

***Regulatory Compliance (RC)(Prevalence/Probability/History + Risk/Severity Level)**

Tier 1 = ((RC = 93 – 97) + (Low Risk)); ((98 – 99) + (Low Risk)) = Tier 1

Tier 2 = (RC = 92 or less) + (Low Risk) = Tier 2

Tier 3 = ((RC = 93 – 97) + (Medium Risk)); ((98 – 99) + (Medium Risk)) = Tier 3

Tier 4 = (RC = (92 or less) + (Medium Risk)) = Tier 4; ((93 -97) +(High Risk)) = Tier 4; ((98 – 99) + (High Risk)); ((92 or less) + (High Risk)) = Tier 4+



GROUP HOME MONTHLY REPORT

Due by the 10th of the month

Submitted by email to: GHMONTHLYREPORT@OKDHS.ORG

1/01/2017



Facility Name	Level of Care
Report for Month of	Date This Report Completed
Report Prepared by	Best Phone Contact
Total # Full-Time Staff Currently Employed	Total # of Part-Time Staff Currently Employed
Total # of RCYCP Staff Who Left Agency This Month	Total # ADMIN Staff Who Left Agency This Month
Total # of MAB Trained Staff	Total # of Staff Who Left Agency This Month

General Information	Monthly Totals	Year to Date Totals
Total # of Youth Cared For This Month		
Total Youth Admitted		
Total Days Missing From Care (MFC)		
Total Youth Discharged		
Census Last Day of the Month		
General Comments/Concerns		

Discharged To	Monthly Totals	Year to Date Totals
Exited Care at Age 18		
Entered Voluntary Care at Age 18		
Adoption		
DD Placement		
Detention		
Foster Care		
Inpatient/Hospitalization		
Job Corps		
Lateral Group Home Placement		
Less Restrictive Group Home Placement		
Maternity Placement		
Missing From Care		
More Restrictive Group Home Placement		
OJA Custody		
Reunification		
Guardianship		
TFC		
Other		
Total Youth Exited to Higher Level of Care		
Total Youth Exited to Lower Level of Care		

General Comments/Concerns	
---------------------------	--

Transition Information	Number	Percentage
Total Youth Ready to Transition Now		0%
Total Ready to Transition Less than 30 Days		0%
Total Ready to Transition 31-60 Days		13%
Total Ready to Transition 61-89 Days		0%
Total Ready to Transition 90+ Days		0%
Total Youth Involved in Transition Related Passes		0%
Total Transition Related Passes		

General Comments/Concerns	
---------------------------	--

Anticipated Level of Transition	Number	Percentage
Reunification		0%
Adoption		0%
Foster Care		0%
Other Group Home		0%
TFC		0%
Other		0%
Totals Should Equal Census Last Day Of Month		0%

General Comments/Concerns	
---------------------------	--

Misc.	Number	Percentage
Missing from Care Incidents		NA
Children involved in MFC Incidents		0%
Children Not Seen by Worker in Last 30 Days (Missed worker visits)		0%
Children Seen by Worker in Last 30 Days		0%
Number of Children Who Went Inpatient This Month		0%
Number of Inpatient Bed Days Held		NA
Number of Children Who Went Into Detention or CIC This Month		0%
Number of Detention/CIC Bed Days Held		NA

General Comments/Concerns	
---------------------------	--

Education Type	Number	Percentage
Attending Full Time Off Campus Public School/GED Classes		0%
Attending Part Time Off Campus Public School/GED Classes		0%
Total Off Campus		0%
Attending On Campus School/GED Classes		0%
Not Attending School	0	0%

Number of Children Receiving Tutoring		0%
General Comments/Concerns		

Youth Employment	Number	Percentage
Employed On Campus		0%
Employed Off Campus		0%
Total Employed		0%
Participating in Employment Skill Building Volunteer Work		0%
Not Employed		0%

General Comments/Concerns		
---------------------------	--	--

Normalcy	Number	Percentage
Involved in Extracurricular Activities		0%

General Comments/Concerns		
---------------------------	--	--

Physical Interventions

Number of Physical Holds During Month	Average Duration of Physical Holds This Month	Number of Trained Individual Staff Involved in Physical Holds This Month	% of Trained Individual Staff Involved in Physical Holds This Month	Number of Youth Involved in Physical Holds This Month	% of Youth Involved in Physical Holds This Month
			0%	5	0%
Number of Physical Interventions-Moved Youth Resistant This Month	Number of Trained Individual Staff Involved in Physical Interventions-Moved Youth Resistant This Month	% of Trained Individual Staff Involved in Physical Interventions-Moved Youth Resistant This Month	Number of Youth Involved in Physical Interventions-Moved Youth Resistant This Month	% of Youth Involved in Physical Interventions-Moved Youth Resistant This Month	
		0%	0	0%	
Total Number of Physical Holds and Physical Interventions-Moved Youth Resistant					
Number of Debriefings Held This Month					
Percent of Physical Holds and Physical Interventions That Had a Debriefing					0%

General Comments/Concerns:

Safety/Referral Information

Total Number of Referrals the Facility Made this Month	Total Referrals This Month (SPPU Will Provide you this #)	Total Substantiated Referrals This Month (SPPU Will Provide you this #)	Total Substantiated Referrals in the Current Fiscal Year (SPPU Will Provide you this #)
0	0	0	

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Y1863-ALOS and Bed Days for Congregate Care

01/01/2020 through 03/31/2020

Run Date: April 10, 2020 6:00 am

Facility	Res Id	# of Bed Days Provided During Quarter	Unique Number of Children Placed During Quarter	Average Days Served for Children During Quarter	ALOS for this placement through 3/31/2020	Number of Children Who Exited During Quarter	ALOS for Children Who Exited During Quarter
* LEVEL B - RESIDENTIAL RESOURCE/FACILITY							
MURROW INDIAN CHILDRENS HOME							
* LEVEL C - RESIDENTIAL RESOURCE/FACILITY							
G-KIDZ LEVEL C							
* LEVEL D - RESIDENTIAL RESOURCE/FACILITY							
PEOPLE INC. MANON HOUSE #1							
PEOPLE INC. TAHLEQUAH CLIF HOUSE # 2 AUTISM							
PEOPLE INC. TAHLEQUAH PHILLIP HOUSE #1							
PEOPLE INC.DONNA HOUSE # 2							
SEQUOYAH ENTERPRISES, INC-BARTLESVILLE-TWO							
SEQUOYAH ENTERPRISES, INC. BARTLESVILLE ONE							
SEQUOYAH ENTERPRISES, INC. GROVE ONE							
* LEVEL D+ - RESIDENTIAL RESOURCE/FACILITY							
BEAR LODGE LLC							
DREAMCATCHER KIAMICHI YOUTH SERVICES							
EAGLE LODGE LLC							
FALCON LODGE LLC							
MARIE DETTY PARKER POINTE D+ FEMALES							
SAFE HAVEN GROUP HOME							
SIDE OF HOPE KIAMICHI YOUTH SERVICES							
WOLF LODGE LLC							
* LEVEL E - RESIDENTIAL RESOURCE/FACILITY							
BELIEVE IN ME KIAMICHI YS - LEVEL E GIRLS							
BISON CREEK							
BRONCO TREATMENT SERVICES							
BUFFALO CANYON							
COMMUNITYWORKS, LLC.							
EXCEL ACADEMY							
GENESIS PROJECT, INC.							
SPECK HOMES, INC. PROGRAM I - ALLIANCE							
SPECK HOMES, INC. PROGRAM II - ALTERNATIVE							
THE RENAISSANCE PROJECT							
TOTAL							

Appendix G2: Oklahoma DHS Data Reporting and Monitoring Tools for Group Care

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Y1863-Placement Days for Congregate Care by Age

01/01/2020 through 03/31/2020

Run Date: April 10, 2020 6:00 am

Facility	Res Id	Age 0-2	Age 3-5	Age 6-12	Age 13-17	Age 18+	Total
* LEVEL B - RESIDENTIAL RESOURCE/FACILITY							
MURROW INDIAN CHILDRENS HOME							
* LEVEL C - RESIDENTIAL RESOURCE/FACILITY							
G-KIDZ LEVEL C							
* LEVEL D - RESIDENTIAL RESOURCE/FACILITY							
PEOPLE INC. MANON HOUSE #1							
PEOPLE INC. TAHLEQUAH CLIF HOUSE # 2 AUTISM							
PEOPLE INC. TAHLEQUAH PHILLIP HOUSE #1							
PEOPLE INC.DONNA HOUSE # 2							
SEQUOYAH ENTERPRISES, INC-BARTLESVILLE-TWO							
SEQUOYAH ENTERPRISES, INC. BARTLESVILLE ONE							
SEQUOYAH ENTERPRISES, INC. GROVE ONE							
* LEVEL D+ - RESIDENTIAL RESOURCE/FACILITY							
BEAR LODGE LLC							
DREAMCATCHER KIAMICHI YOUTH SERVICES							
EAGLE LODGE LLC							
FALCON LODGE LLC							
MARIE DETTY PARKER POINTE D+ FEMALES							
SAFE HAVEN GROUP HOME							
SIDE OF HOPE KIAMICHI YOUTH SERVICES							
WOLF LODGE LLC							
* LEVEL E - RESIDENTIAL RESOURCE/FACILITY							
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SPECK HOMES, INC. PROGRAM II - ALTERNATIVE							
THE RENAISSANCE PROJECT							
TOTAL							

Race Equity and Inclusion Action Guide



embracing
equity



7 STEPS TO ADVANCE AND EMBED RACE EQUITY
AND INCLUSION WITHIN YOUR ORGANIZATION

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About the Annie E. Casey Foundation

The Annie E. Casey Foundation is a private philanthropy that creates brighter futures for the nation's children by developing solutions to strengthen families, building paths to economic opportunity and transforming struggling communities into safer and healthier places to live, work and grow.

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FOREWORD

The mission of the Annie E. Casey Foundation is to make sure all kids in the United States have a bright future. The simple and tragic fact, borne out in the data we have gathered and in the stories of the communities in which we have worked for decades, is that children of color have a much steeper hill to climb toward that north star.

The U.S. population is becoming increasingly diverse. By 2018, the majority of children in this country will be children of color. Given these changing demographics, we must act urgently. The price of letting any group fall behind, already unacceptably high, will get higher.

If we expect to help all children succeed, we must do more than closing gaps and pointing to disparities. All of our work must strive to achieve race equity, a state in which all children have the same opportunity to reach the potential we know they have.

Achieving the goal of race equity, of truly removing the fortified racial barriers our country has built over time, requires dedicated people using sophisticated tools to incorporate race equity and inclusion at every stage of their work for social change. The seven steps outlined in this new Action Guide represent an important advancement in those tools. Following these steps will help ensure that strategies to help children, families and communities are informed from the beginning by the knowledge and data on race that we know are critical to achieving results for a whole population.

Even for those who have worked on issues of race for years, these steps can feel uncomfortable, difficult and new. Those of us working for change know that embracing that discomfort, something Jim Casey called “constructive dissatisfaction,” is how we make things better. I look forward to the progress we can make together with the help of this guide.

Patrick McCarthy
President and CEO
The Annie E. Casey Foundation

INTRODUCTION

For more than a century, many foundations in the United States have been struggling with issues of race equity and inclusion. Even for foundations whose missions seem to transcend race or ethnic division or defy categorization, the systemic and structural barriers for people of color in our society have most certainly, and consistently, eaten away at the ability of foundations to be effective.

We at the Annie E. Casey Foundation have come to understand that we will never fully achieve the results we seek without incorporating a race equity and inclusion lens in every facet of our work. This understanding has prompted a shift in our thinking from identifying disparities that separate different types of children to creating equitable opportunities that help all children thrive.

Race holds a central place in our society's deepest and most persistent patterns of social inequities, exclusion and divisions. Racial disparities, discrimination and segregation are widespread and continue to undermine our nation's social fabric. Without equity, economic stratification and social instability will continue to increase and far too many families and children will continue to lag behind. Without inclusion, many are marginalized economically, politically and culturally, facing bias and barriers when seeking basic opportunities for security and advancement.

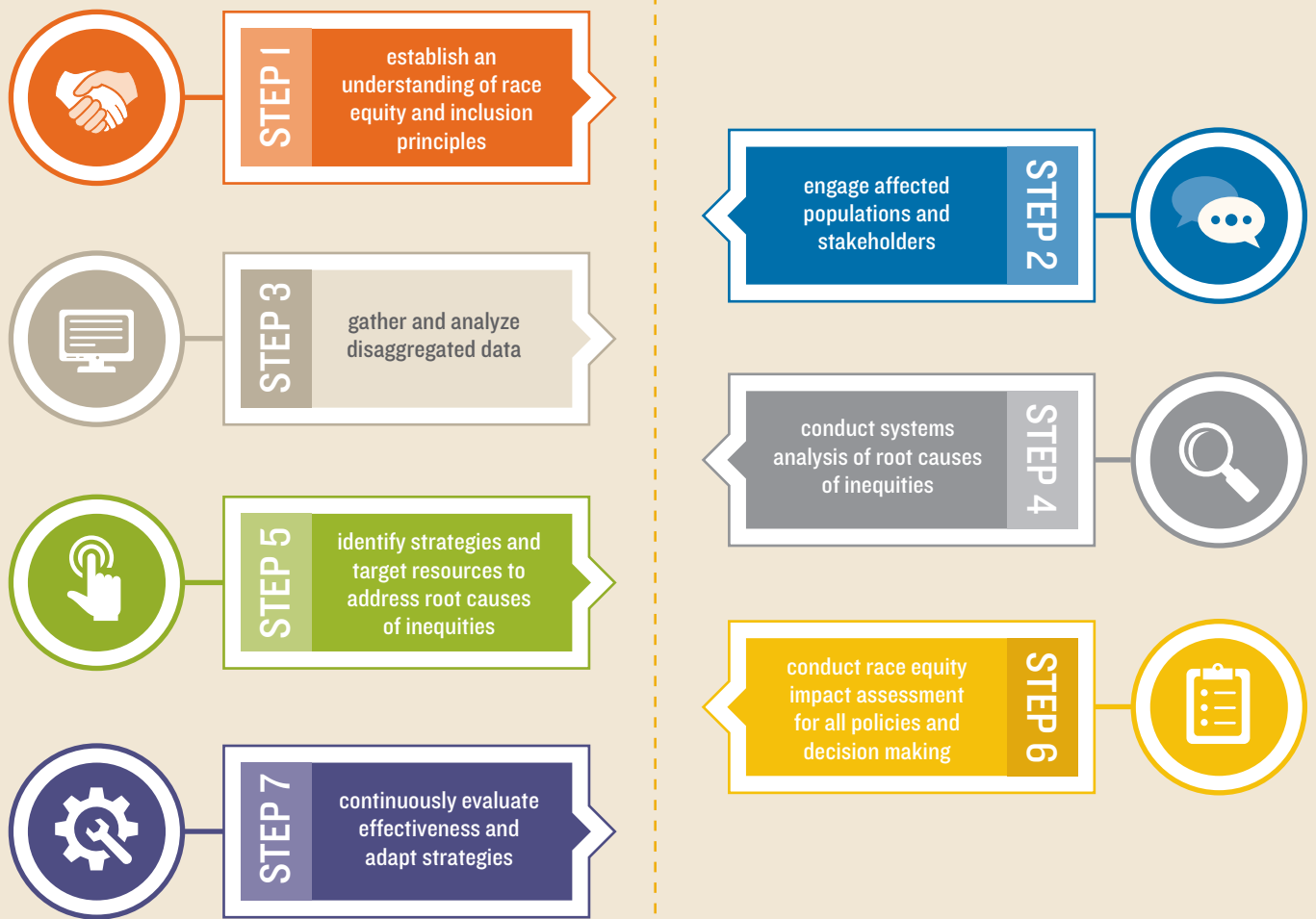
Race continues to play a defining role in one's life trajectory and outcomes. A complex system of racial bias and inequities is at play, deeply rooted in our country's history, culture and institutions. This system of racialization — which routinely confers advantage and disadvantage based on skin color and other characteristics — must be clearly understood, directly challenged and fundamentally transformed. If our nation is to live up to its democratic ideals — that all people are created equal and treated fairly — then racial equity and inclusion must be at the forefront of how we shape our institutions, policies and culture.

The purpose of this guide is to add to the resources already created by partners who have been working in this field by demonstrating how a race equity lens can be adopted by foundations or other organizations that work directly with systems, technical assistance providers and communities. Our aim is to provide key audiences with transferrable insights and tools that can help them understand what steps to take to make sure they are creating equitable opportunities for the populations they serve.

Additional tools and resources to help deepen understanding and mastery of each step are available at racialequitytools.org and storify.com/RJResourceguide.

7 KEY STEPS

Advancing race equity and inclusion can sometimes seem daunting and often leaves many wondering how and where to start. The steps in this guide help to provide a clear frame for undertaking this important work.





STEP I

ESTABLISH AN UNDERSTANDING OF RACE EQUITY AND INCLUSION PRINCIPLES

Often, race-focused conversations derail because people are using the same terms in different ways. One of the challenges of communicating effectively about race is to move people from the narrow and individualized definition of racism to a more comprehensive and systemic awareness. To illuminate racism we need to “name it, frame it and explain it.”

Building a proactive framework for addressing issues of race begins with having a clear understanding and vision of racial equity and inclusion. It is not enough to be able to critique and react to race inequities. We also need to know how to create and proactively build racial equity. Establishing a shared language to present data, describe conditions and outcomes and identify root causes of inequities serves an important function. A common language creates a narrative that makes it easier to communicate the commitment to racial equity, both internally and externally, and it creates a platform for coordinated work toward equitable outcomes.

People find it hard to talk about race without feeling blame, shame, guilt and grievances — which do little to move us forward. When engaging others in this very difficult conversation, try to shift the conversation to one focused on

causes, effects, systems and solutions. Use the basic elements of effective issue framing to make the case by articulating:

- Shared values at stake
- The problem
- The cause
- The solution
- The action needed

These elements help to create a complete frame that is clear, concise, compelling and convincing. Use personal stories to illustrate systemic patterns and familiar elements (characters, setting, action and conflict) to make your story memorable. Always project positive and widely shared values such as fairness, equity, inclusion, unity and dignity.

The following are definitions of core concepts that can help groups develop a shared language for race equity and inclusion.

CORE CONCEPTS

Equity is defined as “the state, quality or ideal of being just, impartial and fair.”¹ The concept of equity is synonymous with fairness and justice. It is helpful to think of equity as not simply a desired state of affairs or a lofty value. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.

Systematic equity is a complex combination of interrelated elements consciously designed to create, support and sustain social justice. It is a robust system and dynamic process that reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits and outcomes.

Inclusion is the action or state of including or of being included within a group or structure.² More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

Racial justice is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.³ All people are able to achieve their full potential in life, regardless of race, ethnicity or the community in which they live. Racial justice — or **racial equity** — goes beyond “anti-racism.” It’s not just about what we are against, but also what we are for. A “racial justice” framework can move us from a reactive posture to a more powerful, proactive and even preventative approach.

Race is a socially constructed system of categorizing humans largely based on observable physical features (phenotypes) such as skin color and on ancestry. There is no scientific basis for or discernible distinction between racial categories. The ideology of race has become embedded in our

identities, institutions and culture and is used as a basis for discrimination and domination.⁴

The concept of **racism** is widely thought of as simply personal prejudice, but in fact, it is a complex system of racial hierarchies and inequities.

At the micro level of racism, or individual level, are internalized and interpersonal racism. At the macro level of racism, we look beyond the individuals to the broader dynamics, including institutional and structural racism.

Internalized racism describes the private racial beliefs held by and within individuals. The way we absorb social messages about race and adopt them as personal beliefs, biases and prejudices are all within the realm of internalized racism. For people of color, **internalized oppression** can involve believing in negative messages about oneself or one’s racial group. For white people, **internalized privilege** can involve feeling a sense of superiority and entitlement, or holding negative beliefs about people of color.

Interpersonal racism is how our private beliefs about race become public when we interact with others. When we act upon our prejudices or unconscious bias — whether intentionally, visibly, verbally or not — we engage in interpersonal racism. Interpersonal racism also can be willful and overt, taking the form of bigotry, hate speech or racial violence.

Institutional racism is racial inequity within institutions and systems of power, such as places of employment, government agencies and social services. It can take the form of unfair policies and practices, discriminatory treatment and

inequitable opportunities and outcomes. A school system that concentrates people of color in the most overcrowded and under-resourced schools with the least qualified teachers compared to the educational opportunities of white students is an example of institutional racism.

Structural racism (or structural racialization) is the racial bias across institutions and society. It describes the cumulative and compounding effects of an array of factors that systematically privilege white people and disadvantage people of color.⁵ Since the word “racism” often is understood as a conscious belief, “racialization” may be a better way to describe a process that does not require intentionality. Race equity expert John A. Powell writes: “‘Racialization’ connotes a process rather than a static event. It underscores the fluid and dynamic nature of race... ‘Structural racialization’ is a set of processes that may generate disparities or depress life outcomes without any racist actors.”⁶

Systemic racialization describes a dynamic system that produces and replicates racial ideologies, identities and inequities. Systemic racialization is the well-institutionalized pattern of discrimination that cuts across major political, economic and social organizations in a society. Public attention to racism is generally focused on the symptoms (such as a racist slur by an individual) rather than the system of racial inequality.

Like two sides of the same coin, **racial privilege** describes race-based advantages and preferential treatment based on skin color, while **racial oppression** refers to race-based disadvantages, discrimination and exploitation based on skin color.



EQUALITY VS. EQUITY

Equity involves trying to understand and give people what they need to enjoy full, healthy lives. **Equality**, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.



STEP 2

ENGAGE AFFECTED POPULATIONS AND STAKEHOLDERS

Stakeholder Analysis Guide

The following questions can help ensure you have a powerful mix of stakeholders to help leverage change.

1. Who is most adversely affected by the issue being addressed? Who faces racial barriers or bias, or exclusion from power, related to this issue?
2. How are people of different racial groups differently situated or affected by this issue?
3. Ideally, what would the racial composition of the leadership look like?
4. In what ways are stakeholders most affected by the issue already involved in addressing it? How can these efforts be supported and expanded?
5. What are ways stakeholders adversely affected by the issue can be further engaged?
6. How can diverse communities and leaders be engaged from the outset so they have a real opportunity to shape the solutions and strategies?
7. How can community engagement be inclusive, representative and authentic?
8. How will stakeholders exercise real leadership and power?
9. Who can be allies and supporters and how can they be engaged?
10. Who needs to be recruited or invited to join the effort to address this issue? Who will approach them? How? When? What will they be asked to do to get involved?

One of the impacts of systemic racialization is the exclusion of people of color from many avenues of decision making, civic participation and power. People of color, the most direct stakeholders in the elimination of racism and those with the most first-hand experiences with its effects, must have a role in social-change efforts along with whites. Strive to engage stakeholders who have active and authentic connections to their respective communities. It is important to ensure meaningful participation, voice and ownership. The sooner you can engage a diverse mix of stakeholders, the sooner you will be able to move from talk to action in creating equitable opportunities for the communities you seek to serve.

There is a difference between stakeholder engagement and empowerment. Engagement may simply involve getting input or limited participation. Empowerment involves taking leadership, making decisions and designing solutions and strategies at every phase of social-change efforts. A community-organizing model led by people of color and focused on building power can be a particularly important strategy for advancing racial justice.

Invest time in learning about the needs of the populations you are serving. Spend time understanding what other stakeholders are doing, examining what is working and then sharing the knowledge. This can help inform your work and allows early buy-in and support from the stakeholders and communities that you are serving. The sooner you can engage a diverse mix of stakeholders, the better. It is harder to bring new communities in once an organization has established its agenda, strategy and leadership. You can use a stakeholder analysis to assess whom you need on board to build a powerful mix of people to leverage change.



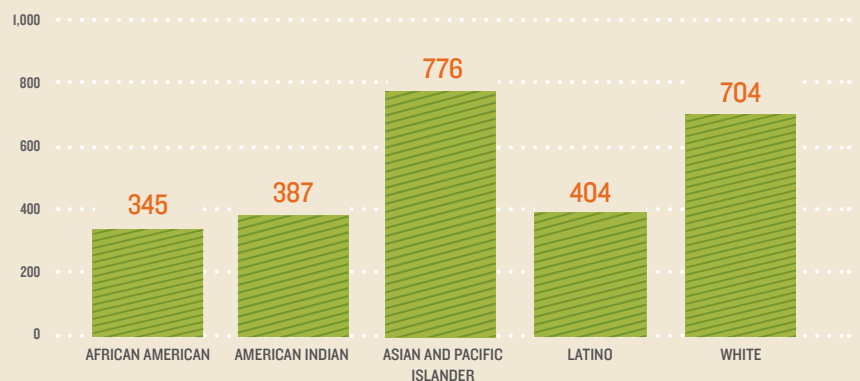
STEP 3

GATHER AND ANALYZE DISAGGREGATED DATA

Advancing race equity for the populations that we serve requires data. Typically, data are reported for whole populations or as aggregates. However, data in all focus areas of organizations and systems should be broken apart by race, gender and other demographic variables whenever the data are available. The collection, analysis and use of race and ethnicity data should be an integral part of the continuing improvement efforts, quality assurance, supervision and accountability processes of every organization and public system. If used both internally and with key contractual partners, these data can become an analytic tool to manage and effectively allocate resources necessary to help children and their families thrive. In addition, working with affected populations, it is critical to design a set of research questions that will help to identify the type of data needed. Too often during this step there is a tendency to work with the data that are available and not give as much attention to data that are needed but not readily available. Engaging stakeholders early on can help to determine what data should be included.

National Race for Results Index Scores

Disaggregated data should be broken apart by race, gender and other demographic variables. This graph is an example of disaggregating data by race.



NOTE: Racial and Hispanic origin categories are mutually exclusive.



STEP 4

CONDUCT SYSTEMS ANALYSIS OF ROOT CAUSES OF INEQUITIES

Systems Analysis Guide

You can use the questions below to guide you through a basic systems analysis. They address key elements of systemic racialization, including history, culture, interconnected institutions and policies and racial ideologies. Examining how racism interacts with other systems of privilege, oppression and power — such as gender and economic inequality — is another important facet of conducting a systems analysis.

1. What are the racial inequities, barriers or negative outcomes involved in the problem being examined? Who is burdened most and who benefits most?
2. What institutions are involved? What unfair policies and/or practices are involved?
3. What social conditions or determinants contribute to the problem (such as poverty, housing segregation, education)?
4. What other compounding dynamics are involved (such as income or gender inequities)?
5. What cultural norms, myths or popular ideas justify or maintain the problem?
6. How did things get this way and what are some of the cumulative impacts?
7. What are the key causes or contributing factors?
8. What solutions or interventions could eliminate the inequities?
9. What can be learned from prior efforts to solve the problem or change the system?
10. What strategies could result in systemic change and advance equitable solutions?

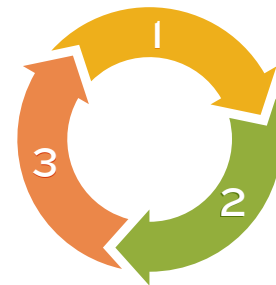
It is easy to get overwhelmed by the magnitude of systemic racism and all of its daily manifestations. Examining the root causes of differential outcomes takes into account the convergence of race, place, class and history. This type of analysis often yields a structural perspective that focuses on policies and practices that may unintentionally (and in earlier times, intentionally) reproduce racial inequities. To effectively challenge systemic racialization, we need to analyze systems in order to make informed and strategic decisions about how to interrupt and change inequitable patterns. A systems analysis, or structural racism analysis, helps us look at problems holistically, by considering the context and compounding dynamics, to uncover root causes and possible solutions.

Systems are composed of an organized array of interdependent and interacting components. Systems are generally self-perpetuating, self-correcting and constantly changing. To understand a system and its outcomes, look beyond the individual parts to see how different parts are interacting in the overall arrangements.⁷ Systems can be transformed by finding high leverage points that can induce and reinforce

ongoing change. While actions and gains are followed by reactions and retrenchments, these can be anticipated and counteracted with thoughtful planning.

A systems analysis is designed to:

I. Identify root causes and contributing factors



2. Surface possible strategies and solutions for addressing the problems

3. Help discern among the options generated which strategies and solutions can leverage desired changes and make transformative systemic impacts



STEP 5

IDENTIFY STRATEGIES AND TARGET RESOURCES TO ADDRESS ROOT CAUSES OF INEQUITIES

After conducting a systems analysis to identify the root causes of inequities, you can then begin to surface possible strategies and solutions for addressing the problems. Through thoughtful planning and engagement of key stakeholders and partners, you will create ways to shift your investments and resources to move solutions forward that can have transformative impacts on systems and communities.

Organizations and systems should target programs, resources, investments and strategies to those groups of people who are being left behind and to those who need them most. Ideal strategies and investments promote and advance increased opportunities and decrease disparities simultaneously. Racially equitable solutions and policy proposals have an explicit goal of eliminating racial disparities and increasing racial equity. It is tempting to use proxies such as socioeconomic status or place, but race requires specific, distinct and sufficient attention.

Reflect positive and shared values in your proposed solution — such as fairness, justice, equity, inclusion, dignity and unity. Proposed racially equitable solutions need to be

concrete and viable. Effective racial equity strategies should be specific, measurable, attainable, relevant and timely. Be sure your proposal includes realistic mechanisms to attain, sustain and expand success through sufficient funding, staffing, documentation, public reporting, accountability mechanisms and evaluation.

Conscious consideration of racial equity during planning and decision making helps counteract implicit or unconscious bias and prevent negative racial impacts.

A Guide to Developing Racially Equitable Solutions

The following questions can help ensure that targeted strategies and investments yield the greatest impact for children, families and communities of color.

1. What racial disparities do you want to eliminate, reduce or prevent?
2. What groups most adversely affected by the current problem do you want to benefit?
3. How can those most adversely affected by the issue be actively involved in solving it?
4. What is a specific change in policy that could help produce more equitable outcomes?
5. How will your proposed solution address root causes and advance systemic change?
6. What change do you ideally want (not just what you would settle for)?
7. What positive principles or shared values are reflected in this proposed reform?
8. Does the proposal have clear goals, plans and timetables for implementation, with sufficient funding, staffing, public reporting, accountability and evaluation?
9. Who can be allies and supporters and how can they be engaged?



STEP 6

CONDUCT RACE EQUITY IMPACT ASSESSMENT FOR ALL POLICIES AND DECISION MAKING

Race Equity Impact Assessment

These questions can help you begin your race equity impact assessment.

1. Are all racial and ethnic groups that are affected by the policy, practice or decision at the table?
2. How will the proposed policy, practice or decision affect each group?
3. How will the proposed policy, practice or decision be perceived by each group?
4. Does the policy, practice or decision worsen or ignore existing disparities?
5. Based on the above responses, what revisions are needed in the policy, practice or decision under discussion?

A racial equity impact assessment is a systematic examination of how a proposed action or decision will likely affect different racial and ethnic groups. It is a useful tool for assessing the actual or anticipated effect of proposed policies, institutional practices, programs, plans and budgetary decisions. The racial equity impact assessment can be a vital tool to reduce, eliminate and prevent racial discrimination and inequities and prevent institutional racism.

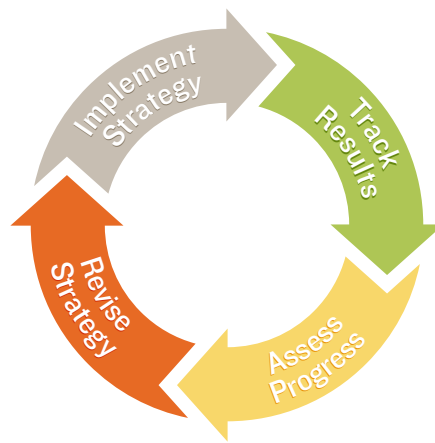
Racial equity impact assessments are best conducted during the decision-making process, prior to enacting new proposals. They can be used to inform decisions in a way very similar to environmental impact statements, fiscal impact reports and workplace risk assessments. Race Forward: The Center for Racial Justice Innovation and the Annie E. Casey Foundation have developed racial equity impact assessment toolkits to help policymakers, organizations, communities and advocates assess equity and remedy longstanding inequities.⁸



STEP 7

CONTINUOUSLY EVALUATE EFFECTIVENESS AND ADAPT STRATEGIES

Implementing investment strategies that promote policy change, system reform and program delivery are critical to removing barriers and increasing equitable opportunities to populations served. It is also important to consistently assess whether investments are accomplishing stated racial equity goals. Organizations and systems should be assessing equity progress at every turn and on an ongoing basis. Setting goals for the equity outcomes you are seeking, tracking results, measuring progress and implementing needed course adjustments are critical to effectively doing this work.



CONCLUSION

A lot of work to address issues of race focuses on remedying racial discrimination and inequities after they have occurred. Those racial inequities that often get addressed tend to be small in comparison to those that are not. Meanwhile, new manifestations of racism continue to emerge and outpace our mechanisms and capacities to solve them. Legislative bodies and the courts are rolling back key legal remedies and civil rights, increasingly embracing color blindness — the willful denial and avoidance of race that prevents racism from being acknowledged. If we are to get ahead of the curve, we need to focus more energy on a preventative strategy — stopping the racial inequities before they occur.

understanding of the most important principles and using your terms to tell the story. Identify the right stakeholders and affected populations to join you at the table. Examine disaggregated data, conduct systems analyses and design effective strategies. Measure the racial impact of your plan. Evaluate and adapt your strategies over time.

Everyone can be a race equity and inclusion leader and champion. Start right where you are with the people around you and use these seven steps to advance and embed race equity and inclusion within your organization.

Racial Justice

Racial justice can be used synonymously with racial equity. Notice, too, that racial justice is a systemic concept. Just as the production and replication of racism must be understood as a system to grasp its full meaning and impacts, racial justice also entails the systematic advancement and sustaining of equity. It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity.

To do this, it is not enough for racial justice advocates to call out institutional racism. Racial justice advocacy today must be focused on preventing racism by institutionalizing racial equity.

Though it may sound daunting, institutionalizing racial equity and preventing institutional racism can be done. Like anything else, it takes practice, partnering, learning and leadership. You can adopt, prioritize, incentivize and model equitable and inclusive practices in your own work — giving you the experience, expertise and credibility to help others do the same. Start by developing a common

ENDNOTES

- ¹ The Free Dictionary is a website that is comprised of a collection of dictionaries by subject including medical and legal together with free and subscription encyclopedias, in 10 languages (www.thefreedictionary.com/equity).
- ² The Free Dictionary is a website that is comprised of a collection of dictionaries by subject including medical and legal together with free and subscription encyclopedias, in 10 languages (www.thefreedictionary.com/inclusion).
- ³ Retrieved April 30, 2014, from www.raceforward.org/about
- ⁴ Omi, M. & Winant, H. (1994). *Racial formation in the United States: From the 1960s to the 1990s*. New York and London: Routledge.
- ⁵ Kochhar, R., Fry, R., & Taylor, P. (2011). *Wealth gaps rise to record highs between whites, blacks, Hispanics*. Washington, DC: Pew Research Center. Retrieved April 30, 2014, from www.pewsocialtrends.org/2011/07/26/wealth-gaps-rise-to-record-highs-between-whites-blacks-hispanics/
- ⁶ powell, j. a. (2013, September/October). Deepening our understanding of structural marginalization. *Poverty & Race*, 22(5).
- ⁷ powell, j. a., Heller, C. C., & Bundalli, F. (2011, June). *Systems thinking and race: Workshop summary and exercises*. Retrieved April 30, 2014, from http://diversity.berkeley.edu/sites/default/files/TCE_Star_WP_Training%20material%20Final%20Flint.pdf
- ⁸ The Annie E. Casey Foundation. (2006). *Race matters: Racial equity impact analysis – Assessing policies, programs and practices*. Baltimore, MD: Author. Retrieved April 30, 2014, from www.aecf.org/resources/race-matters-racial-equity-impact-analysis and www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit



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2

A GUIDE TO JUVENILE DETENTION REFORM

Juvenile Detention Facility Assessment

2014 UPDATE

Juvenile Detention Alternatives Initiative

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

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To download a PDF of this Guide, please visit www.jdaihelpdesk.org.

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introduction

I

Introduction

Improving conditions in juvenile detention facilities has been an objective of the Juvenile Detention Alternatives Initiative (JDAI) since this system reform effort began in 1992. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Vol. 6, Pathways to Juvenile Detention Reform), dangerous and inadequate conditions in juvenile facilities expose public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system. Since crowding significantly exacerbates institutional problems, improvements in conditions of confinement are often closely linked to JDAI's population management strategies.

Since 2004, officials in JDAI sites have assessed, improved, and monitored conditions in juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation (Foundation). JDAI sites have done so by establishing assessment teams from juvenile justice agencies, other human service systems, youth and families involved in the system, and community-based organizations. These assessment teams receive in-depth training to ensure that they carefully examine all aspects of facility policies, practices, and programs, prepare comprehensive reports on their findings, and monitor the implementation of corrective action plans.

When the Foundation released the juvenile detention facility standards, they constituted the most comprehensive and demanding set of publicly available standards for juvenile detention facilities. Since then, officials in many jurisdictions have used the standards as a tool to improve their detention facilities' policies and operations. The assessment process has also helped to establish local capacity for regular monitoring of conditions and supported facility administrators' requests for new resources and policies. Additionally, several state agencies have incorporated aspects of the standards into their own regulations and licensing practices for facilities that house youth.

The standards have played an important role in ensuring that youth are housed in safe and humane conditions while in juvenile detention facilities. Nevertheless, significant changes in accepted professional practice and legal standards have occurred since the standards were first published. For example, facilities around the country have eliminated or reduced reliance on the use of disciplinary room confinement after heightened awareness of the dangers of the practice and new information on effective alternative behavior management techniques. Experts have generated new recommendations about meeting the needs of family members, youth with trauma histories, youth with limited English proficiency, youth with disabilities, and lesbian, gay, bisexual, transgender, questioning, and intersex youth. And in 2012, the U.S. Department of Justice published regulations for the prevention, detection, and response to sexual misconduct in juvenile facilities as part of its implementation of the Prison Rape Elimination Act (PREA) – regulations that impact the full range of facility operations.



The Foundation has issued this revised version of the standards to acknowledge and incorporate these developments. As was the case in 2006, we have set the bar very high in developing these standards. We have done so because JDAI sites should reflect evolving standards of practice in their facility operations and serve as models for other jurisdictions around the country.

The materials in this volume include detention facility standards, a set of guidelines for conducting facility assessments, and “How To” materials covering each component of the standards. The “How To” materials offer practical recommendations regarding what documents to review, which people to interview, and what things to observe during assessments.

The revised standards and assessment methodology are the result of determined efforts by the Youth Law Center (YLC) and the Center for Children’s Law and Policy (CCLP) staff who spent more than a year reviewing changes in statutory requirements and professional standards, consulting with practitioners and experts, researching model practices, and incorporating lessons from JDAI sites’ experiences using the standards. The revised standards also reflect the input of dozens of reviewers who provided valuable insights and recommendations. We deeply appreciate those individuals’ contributions to this effort.

Over the years, stakeholders in JDAI sites and other officials have used the standards to improve conditions, policies, and practices in their facilities. We hope that the revised standards will serve as another important milestone in the efforts to improve the treatment of youth in juvenile detention facilities throughout the country.

Bart Lubow
*Director, Juvenile Justice Strategy Group
 The Annie E. Casey Foundation*



Since 2004, officials in JDAI sites have assessed, improved, and monitored conditions in juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation.



about the revised JDAI detention facility assessment standards



About the Revised JDAI Detention Facility Assessment Standards

The Revision Process

Since its inception, the Juvenile Detention Alternatives Initiative (JDAI) has emphasized the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Pathways to Juvenile Detention Reform, Vol. 6), dangerous and inadequate conditions in juvenile facilities expose public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system.

Beginning in 2004, officials in JDAI sites began assessing, improving, and monitoring conditions in their juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation (Foundation). Staff of the Center for Children’s Law and Policy (CCLP) and the Youth Law Center (YLC) developed those standards based on case law, consent decrees, federal statutes, model state laws, professional standards, best practices, and expert opinion. At the time of their release, the standards constituted the most comprehensive and demanding set of publicly available standards for juvenile detention facilities.

Nevertheless, significant changes in accepted professional practice and legal standards have occurred since the standards were first published. Many facilities have eliminated or reduced their reliance on the use of disciplinary room confinement after heightened awareness of the dangers of the practice and new information on effective alternative behavior management techniques. Experts have made new recommendations about meeting the needs of youth with trauma histories, youth with limited English proficiency, youth with disabilities, and lesbian, gay, bisexual, transgender, questioning, and intersex youth. And in 2012, the U.S. Department of Justice published binding regulations for the prevention, detection, and response to sexual misconduct in juvenile facilities as part of its implementation of the Prison Rape Elimination Act (PREA) – regulations that impact a wide range of facility operations.

Over the course of nearly eighteen months during 2013 and 2014, CCLP and YLC staff reviewed changes in laws and professional standards, consulted with practitioners and experts, and researched best practices and lessons from JDAI sites’ experiences using the standards, which were used to propose revisions. More than 30 experts and practitioners reviewed the proposed revisions prior to incorporating them into the standards (a list of these reviewers appears in the Acknowledgments section of this guide). The Foundation released the final version of the revised standards in June 2014.

The revised standards incorporate three major types of changes. The first type of change edits the standards to improve clarity and comprehension without changing the substantive content of the

standard. For example, a number of revised standards use clearer language that is easier for assessment teams to understand. Other standards that previously contained several combined requirements now appear as separate individual standards. This means that assessment teams can more easily assess whether a facility conforms or does not conform to a specific requirement. The revised standards also include notations where identical standards appear in more than one place in the standards so that team members who are assessing different aspects of the facility can work together on assessing those standards (denoted as “Also listed at...”). The standards also include notations where a team member can look to other related standards that may be relevant to that standard (denoted as “See also...”).

The second type of change adds detail to standards where assessment teams or other reviewers suggested including additional guidance. For example, the original standards required appropriate accommodations for youth and family members with limited English proficiency. The revised standards contain new provisions that outline the steps facilities should take to assess what the needs for such services are and the types of accommodations that need to be made in each area of facility operations. The revised standards also include definitions of key terms at the beginning of each section, and this guide includes a list of citations to key federal laws and regulations.

The third type of change adds new standards or modifies existing standards to reflect advances in the field. The most significant revisions in this area are the incorporation of the PREA standards’ requirements for juvenile facilities. The revised standards allow teams to assess a facility’s compliance with PREA as part of the assessment process. In some cases, the standards incorporate concepts from the PREA standards, but extend them to situations beyond those involving sexual abuse or sexual harassment. For example, the PREA standards require that facilities establish policies and protocols regarding investigations of alleged sexual abuse and sexual harassment. The revised standards incorporate these requirements, but expand them to investigations of all types of alleged abuse, neglect, and retaliation. The end of this section includes an outline of some of the most significant changes and additions to each area of the standards.

CCLP and YLC revised the documents and tools that accompany the detention facility assessment standards to reflect changes in the standards. These include:

1. This overview document, which provides a summary of the entire facility assessment process from start to finish. The information contained in this document is commonly referred to as the “guidelines.”
2. The set of “How To” documents that provide suggestions for assessing each issue area involved in a facility assessment.
3. A document with the standards themselves, to be used by assessment teams to evaluate whether a facility conforms or does not conform to a particular standard. This document is commonly referred to as the “standards” or “checklist.”

Summary of Major Changes in Each Area of the Standards

This list summarizes major changes in each area of the JDAI facility assessment standards.

CLASSIFICATION AND INTAKE

- Includes new standards designed to ensure that facilities gather information necessary to make housing and programming decisions for special populations, including limited English proficient (“LEP”) youth, youth with physical or intellectual disabilities, youth at risk of sexual victimization, youth at risk of victimizing other youth, and youth who are actually or who are perceived to be lesbian, gay, bisexual, transgender or gender non-conforming, questioning, or intersex (LGBTQI).
- Outlines the steps that facilities must take in order to evaluate and meet the language needs of LEP youth and their families.
- Incorporates PREA’s requirements related to educating youth about sexual misconduct prevention and response upon intake and within ten days of admission.
- Adds a new section on the confidentiality of records and appropriate controls on the dissemination of information within and outside of the facility.

HEALTH AND MENTAL HEALTH

- Reorganizes the standards into distinct issues to help individuals more easily assess conformance with the standards.
- Adjusts the language related to medical, mental health, and dental services to better reflect operations in facilities that do not provide these services on site.
- Updates standards on HIV/AIDS screening and care based on the most recent guidance from the Centers for Disease Control and the National Council on Correctional Healthcare.
- Adds new standards on discharge planning, including continuity of medication and supporting access to health insurance coverage upon release.
- Incorporates PREA’s requirements with respect to provision of medical and mental health care following a youth’s disclosure of alleged sexual abuse.

ACCESS

- Includes standards allowing youth to correspond with incarcerated family members absent a specific and articulable security reason to prevent such correspondence.
- Includes a new section with standards on family engagement.

PROGRAMMING

- Aligns language in existing standards on special education services and accommodations for LEP youth with the language in federal law and guidelines.

- Includes new standards on the appropriate responses to and permissible discipline of youth who engage in disruptive behavior during school inside the facility.
- Revises existing standards on positive behavior management to align with the latest guidance on positive behavior supports and includes additional requirements related to the components of effective positive behavior support systems.
- Includes a dedicated section on accommodations for youth with special needs, including youth with intellectual and physical disabilities and LEP youth.

TRAINING AND SUPERVISION OF STAFF

- Includes more detailed requirements for staff background checks to align the standards with PREA's requirements.
- Consolidates training requirements from other areas of the standards to help assess conformance more easily, incorporates new staff training topics to align with PREA and evolving standards on a range of issues, and groups training requirements into meaningful categories.
- Consolidates standards on reporting of abuse, neglect, and retaliation.
- Incorporates new standards related to quality assurance.

ENVIRONMENT

- Adds detail to the standards on emergency preparedness based on new guidance from the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP).
- Includes a new section prohibiting cross-gender viewing and searches except in very limited circumstances in order to incorporate PREA's requirements.
- Incorporates standards on accessibility of living units and common areas to youth with limited mobility to comply with regulations under the Americans with Disabilities Act.
- Includes additional details on sanitation plans and fire safety, incorporating the latest practices.

RESTRAINTS, ROOM CONFINEMENT, DUE PROCESS, AND GRIEVANCES

- Eliminates the use of the term "isolation" and uses a single term, "room confinement," to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason.
- Prohibits the use of room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than as temporary response to behavior that threatens immediate harm to a youth or others.
- Eliminates standards on the use of soft restraints, which few if any facilities use.
- Includes new standards requiring regular review of data on the use of physical force, restraints, and room confinement, disaggregated by race, ethnicity, and gender.
- Adds new standards on grievances and reporting procedures to comply with PREA.

SAFETY

- Revises the sections on youth and staff safety to incorporate PREA's requirements.
- Adds a requirement that facility administrators consult staff about safety within the facility and recommended improvements.
- Adds a new section on investigations of abuse, neglect, retaliation, and violation of responsibilities using PREA's requirements as a framework.

Citations to Key Federal Statutes and Regulations

This list contains citations to key federal statutes, regulations, and materials referenced within the revised standards.

Americans with Disabilities Act of 1990 (ADA)

- Statute: 42 U.S.C. § 12101 et seq.
- Regulations: 28 C.F.R. §§ 35, 36 et seq.

Family Educational Rights and Privacy Act (FERPA)

- Statute: 20 U.S.C. § 1232(g) et seq.
- Regulations: 34 C.F.R. § 99 et seq.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Statute: 42 U.S.C. § 201 et seq.
- Regulations: 45 C.F.R. §§ 160, 162, 164

Individuals with Disabilities Education Act (IDEA)

- Statute: 20 U.S.C. § 1400 et seq.
- Regulations: 34 C.F.R. §§ 300, 301 et seq.

Juvenile Justice and Delinquency Prevention Act (JJDP)

- Statute: 42 U.S.C. § 5601 et seq.
- Regulations: 28 C.F.R. § 115 et seq.

Office of Juvenile Justice and Delinquency Prevention, Emergency Planning for Juvenile Justice Residential Facilities (October 2011)

Prison Rape Elimination Act of 2003 (PREA)

- Statute: 42 U.S.C. § 147 et seq.
- Regulations: 28 C.F.R. § 115 et seq.

Religious Land Use and Institutionalized Persons Act (RLUIPA)

- Statute: 42 U.S.C. § 2000cc et seq.

Section 504 of the Rehabilitation Act of 1973 (Section 504)

- Statute: 29 U.S.C. § 701 et seq.
- Regulations: 34 C.F.R. § 104 et seq.

Title VI of the Civil Rights Act of 1964 (Title VI)

- Statute: 42 U.S.C. § 2000(d) et seq.
- Regulations: 28 C.F.R. § 50.3 et seq.
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, 65 Fed. Reg. 50121 (August 16, 2000).
- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455 (June 18, 2002).

guidelines for conducting a facility assessment



Guidelines for Conducting a Facility Assessment

Introduction

While much of the Juvenile Detention Alternatives Initiative (JDAI) focuses on safely reducing the unnecessary and inappropriate detention of young people, the Initiative also calls for sites to adopt certain core values regarding conditions of confinement for youth who are detained. One of those values is that children who are detained must be held in conditions that meet constitutional and statutory legal requirements, and best professional standards of practice. To ensure that this occurs, JDAI sites agree to participate in the Juvenile Detention Facility Assessment. Sites agree to engage in the facility assessment process, accept the facility assessment team report, develop a corrective action plan to address any deficiencies, and implement needed changes. They also agree to repeat the facility assessment and report every two years.

The JDAI Juvenile Detention Facility Assessment uses teams composed of juvenile justice and human services professionals, youth and families involved with the system, representatives from community organizations that work with youth, and education, medical, and mental health professionals. The teams are trained on JDAI’s standards for safe and humane detention facilities, how to prepare for and conduct a facility assessment, how to prepare a report on their findings, and how to monitor implementation of corrective action plans.

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The Juvenile Detention Facility Assessment has numerous benefits for jurisdictions:

1. Facilities receive objective feedback based on a comprehensive set of standards;
2. The assessment establishes baseline data from which progress can be measured;
3. The assessment identifies and addresses problems and issues before something bad happens or litigation commences, as well as areas of strength within the facility;
4. Administrators can use information from the assessment to leverage additional resources;
5. Local, state, and federal facility regulations and inspections can be improved and strengthened through the JDAI process;
6. Members of the community learn about how the detention center operates, its strengths and challenges, and how they can become ongoing resources to the center and the children detained there; and
7. Most importantly, the facility assessment helps to ensure that children who need to be detained are held in conditions that are safe and humane.

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This step-by-step guide provides JDAI Site Coordinators, JDAI Technical Assistance Team Leaders, and assessment teams with a detailed description of the assessment process and a checklist for implementation. Additional materials for the training and the facility assessment can be found on the JDAI Help Desk: www.jdaihelpdesk.org.

Background on the JDAI Facility Assessment and Standards

Since its inception, the Juvenile Detention Alternatives Initiative (JDAI) has emphasized the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities. Nationally, over 20% of youth are held in secure confinement at some point between referral and disposition,¹ and the history of conditions in juvenile detention facilities is replete with examples of abuse and mistreatment.²

As JDAI began in the early 1990s, OJJDP released *Conditions of Confinement*, the most comprehensive national study of juvenile facilities conditions ever undertaken. The study found substantial deficiencies in living space, health care, security, and response to suicidal behavior. The study could not assess the adequacy of educational and treatment services, and did not fully explore the use of room confinement and restraints, but noted troubling indicators in those areas as well.³ The intervening years have not resolved these issues. Inadequate conditions and improper treatment still exist in many juvenile facilities around the country. A more recent survey of youth in facilities yielded findings almost identical to those in the 1994 study.⁴ There are dozens of conditions lawsuits and Department of Justice investigations currently pending across the country, and many more could justifiably be brought.

In the beginning, JDAI wanted to ensure that the facilities in its sites met constitutional and statutory legal requirements and standards of best professional practice. It asked the Youth Law Center and key juvenile facility conditions experts to perform facility inspections in detention centers in the five original JDAI sites and to provide feedback on what needed attention. With only a few sites, these inspections were feasible and affordable. Every year, the inspectors would visit the sites, write reports, and come back the next year to determine whether conditions had changed and problems had been addressed. Over the first years of JDAI, each of the sites made substantial changes to the conditions and treatment of children in their facilities. This early JDAI conditions improvement work is described in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Vol. 6, Pathways to Juvenile Detention Reform).⁵

As JDAI grew, the original inspection process became unworkable. The experts did not have the time to do individual inspections in dozens of sites, and this type of technical assistance did not result in increased capacity in the sites to monitor and improve their own conditions of confinement. Nonetheless, ensuring safe, humane conditions in juvenile facilities continued to be an essential part

of JDAI work. Accordingly, JDAI asked the Youth Law Center and the Center for Children’s Law and Policy to design a locally based but comprehensive assessment process that would provide objective, standards-based feedback to the sites and a mechanism for addressing any problems. The resulting detention facility assessment, using objective standards and teams of carefully selected and trained individuals, is described in these step-by-step guidelines.

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The original standards and guidelines for detention facility assessment, released in 2004 and revised in 2006, were developed by staff from the Youth Law Center (YLC) and the Center for Children’s Law and Policy (CCLP)—attorneys with a long history of involvement in institutional investigations, litigation, drafting state and federal legal standards, and providing training on how to assure safe and humane institutional conditions. CCLP and YLC staff designed the standards to embody pertinent constitutional case law, federal statutory law, professional standards, and best practices. The standards and guidelines also incorporated thoughtful input from a wide range of national experts as well as feedback from JDAI sites.

When originally released, the standards represented the most comprehensive and demanding set of publicly available standards for detention facilities. As described in the Introduction, a number of significant changes in legal and professional practices have occurred since the first release of the standards, including the issuance of the Prison Rape Elimination Act (PREA) regulations for juvenile facilities, increased attention to the needs of youth with limited English proficiency, disabilities, and trauma histories, and mounting concerns about the dangers of solitary confinement. Because of these and other developments, the Foundation issued revised detention facility standards in June 2014. These guidelines reference the revised standards.

The JDAI Facility Assessment Materials and Training

The resources provided for the JDAI Juvenile Detention Facility Assessment include the following:

- I. This overview document that provides a step-by-step summary of the entire JDAI Juvenile Detention Facility Assessment process from start to finish, commonly referred to as “the guidelines.”

2. An extensive set of standards contained in the JDAI Facility Assessment Instrument, commonly referred to as “the standards” or “the instrument.” The standards are also available in a specially formatted version in Microsoft Word that enables the assessment team to record issue-by-issue whether the facility conforms to specific standards during the assessment.
3. A set of “How To” documents that provide suggestions for assessing each area involved in a facility assessment.
4. Additional handouts and materials presented in conjunction with trainings on how to conduct an assessment, available through the available through the JDAI Help Desk,⁶ or Youth Law Center or Center for Children’s Law and Policy.
5. Written materials and publications on specific issues,⁷ available through the JDAI Help Desk,⁸ or through contact with staff at the Youth Law Center or Center for Children’s Law and Policy.
6. Training for JDAI sites, to be arranged through the Site Coordinator and Technical Assistance Team Leader (TATL).
7. The JDAI Detention Facility Assessment Timeline and Checklist for Site Coordinators.

Step One: Planning and Preparing the Facility Assessment

Most sites conduct an assessment of their juvenile detention facilities during Phase One of JDAI, usually the first or second year in JDAI.⁹ The standard timeframe for completing detention facility assessments is every two years. The first assessment, including the written report, should be completed within two years of becoming a JDAI site.

Occasionally, the facility assessment should be completed more quickly. For example, if there has been a suicide, major violence, identified abuse or other crisis at the facility, an assessment may be an immediate approach to systemically address the crisis. When a jurisdiction is ready to proceed with the assessment, training is provided by the Youth Law Center or the Center for Children’s Law and Policy. Conference calls between the trainers, appropriate members of the site, and technical assistance providers will be arranged in order to plan the training.

Please note that these instructions apply to a site that is conducting its first Juvenile Detention Facility Assessment. Sites that have already conducted an assessment can find information about training opportunities for team members on the JDAI Help Desk.

A. SITE COORDINATOR DUTIES

The JDAI Site Coordinator is the point person for the JDAI Juvenile Detention Facility Assessment process. Once the planning process is underway, the Site Coordinator has four duties prior to the assessment:

1. Assemble an Assessment Team

This is discussed below in section (B).

2. Coordinate Training for the Team

Conference calls to plan a training are conducted with the participation of the Site Coordinator, Technical Assistance Team Leader (TATL), trainers, the Training Coordinator, and others. The calls provide an opportunity to discuss training logistics such as date, location, agenda, materials, food, lodging, travel arrangements, audio-visual needs, and photocopying. Other discussion topics include the composition of the assessment team, access to the facility for a tour prior to the training, and other issues of particular concern in the site. If there are several sites to be trained at once, Site Coordinators will work together to choose a host site and coordinate sharing of information and responsibilities. The Training Coordinator may also set deadlines for the Site Coordinator(s) to complete tasks. Usually there are several such planning calls before the assessment team training. For details, please refer to the JDAI Detention Facility Assessment Timeline and Checklist later in this section.

3. Work with the Detention Facility Administrator

The Site Coordinator is responsible for contacting the detention facility administrator to discuss the forthcoming assessment and coordinate appropriate dates for the assessment. As part of their role, Site Coordinators should be able to explain the purpose of the assessment and what the process will entail, ensuring that the administrator understands the following key aspects of the assessment process:

- a. The assessment team may be on site for several days;
- b. The team will talk with staff and detained youth;
- c. The team may want to visit at night; and
- d. The team will want access to all parts of the facility.

MAKING IT WORK FOR EVERYONE

The facility assessment is designed to provide an opportunity for the assessment team to obtain all of the necessary information. The Site Coordinator should work with the administrator to schedule an assessment time that provides access to needed individuals, is workable for the facility, and will not impede the regular schedule for youth. The Site Coordinator should also talk with the administrator about the files, policies, and documents that the team will request, and facilitate a discussion about confidentiality, discussed at greater length below.

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Although the facility administrator will not be a member of the assessment team, he or she should be fully informed about the standards and the process by which the facility will be assessed. The administrator should also anticipate a document request for policies and procedures and other facility records, discussed at greater length below. The Site Coordinator or assessment team leader should discuss the assessment with the facility administrator, let him or her know what will be happening, and address any questions or concerns. Including facility administrators in the assessment team training will allow them to talk with facility staff and youth residents about the purpose, nature, and extent of the assessment in an informed manner.

4. Coordinate the Facility Assessment Process

After consultation with the trainers available through the JDAI Help Desk, or the Youth Law Center or the Center for Children’s Law and Policy, the TATL, and other local JDAI leaders, the Site Coordinator should contact prospective assessment team members to invite them to participate in the assessment process.

The Site Coordinator should call the initial meeting of the team, schedule additional meetings as necessary, facilitate the team’s requests for documents, and arrange access to the facility through the facility administrator. The assessment team may continue to rely on the Site Coordinator for logistical support, but will usually designate leaders within the team to take on responsibility for particular assessment functions. Site Coordinators may share certain responsibilities with Steering Committee members or other entities such as local Juvenile Justice Commissions. For example, the Steering Committee or local Juvenile Justice Commission may be helpful in suggesting names for assessment team members.

Many participants in the facility assessment team may not know about JDAI and related activities in their jurisdictions. Therefore, the Site Coordinator plays a key role in helping team members learn about JDAI and understand how their participation in the facility assessment fits into the broader reform activities of JDAI.

B. THE FACILITY ASSESSMENT TEAM

There are a number of considerations in team member selection. The following are elements that should be considered in building the assessment team:

I. Team Members with “Fresh Eyes”

The goal of the JDAI Juvenile Detention Facility Assessment is to provide objective feedback to the site about facility conditions and services that are or are not in conformity with the JDAI facility standards. Therefore, while the assessment is generated by the people who work in the juvenile justice system, it is essential that the assessment be conducted by a team of people who can see the facility with “fresh eyes.” This means that the team should be able to see the facility as

it really is, without having observations clouded by personal friendship or agency (or employment) obligations, which can result in denial, unintended bias, or wishful thinking. In other words, there should be no one on the team who would be reluctant to find a particular aspect of the facility operations out of compliance.

In selecting team members, care should be taken to avoid selecting people who have any degree of responsibility for the issue being assessed. For example, if the county superintendent of schools is responsible for supplying special education teachers to the facility, the county education office should not be included on the team to inspect educational services. There would be inherent conflict: this would be like asking the county office of education to inspect itself. If the assessment found the facility in full compliance, that conclusion could be questioned because of those conflicting obligations.

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The goal of the JDAI Juvenile Detention Facility Assessment is to provide objective feedback to the site about facility conditions and services that are or are not in conformity with the JDAI facility standards.

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Similarly, if there are any employees of the facility on the assessment team, great care should be taken in selecting the areas of facility operations they are to assess. Staff are sometimes reluctant to identify problems when a friend or a supervisor is involved. Other times, staff may feel a desire to make “their” facility look good, even when there are clear problems. Either way, this undermines the validity of the assessment. Staff of the facility can be on the assessment team if they look at areas of operations for which they have no responsibility in their regular work, but it is critical to avoid even the appearance of a conflict of interest.

Finally, assessment teams should generally avoid recruiting individuals who are responsible for licensing or regulating the facility that is to be assessed using the JDAI standards, such as an auditor or inspector from a state agency. While these individuals have valuable experience conducting facility inspections, and should be welcome guests at any training on the standards, they may have trouble assessing the facility using the JDAI detention facility standards without being influenced by existing state standards or prior experiences at the facility.

2. Team Size and Composition

The team should include six to twelve members. Efforts should be made to include people with the following characteristics and areas of expertise:

- *Medical (a physician or nurse)*
This person will assess staffing and credentialing, policies and procedures for screening and diagnosis, and medical services provided to youth.
- *Mental Health (a psychologist, psychiatrist, or psychiatric social worker)*
This person will assess staffing and credentialing, policies and procedures for screening and diagnosis, and mental health services provided to youth.
- *Education and Special Education (a teacher, principal, or education professor who has special education expertise)*
This person will assess compliance with state and federal laws (including IDEA), staffing and credentialing, and the quality of general education and special education services.
- *Family Member or Youth Formerly Involved in the System*
This person (or persons) will be able to provide feedback from the perspective of someone who saw firsthand, or had a family member who saw firsthand, the conditions, policies, and practices in the facility. They may be particularly helpful in looking at grievance procedures, family access to the facility and staff, visitation, and other issues that involve communication with the greater community.
- *Individuals Who Speak the Primary Language(s) of Youth Within the Facility*
If the facility has a population of youth with limited English proficiency, this person should be capable of speaking the language(s) that youth speak and assessing services for limited English proficient (LEP) youth.
- *Disability Rights Professional*
Because many youth involved in the juvenile justice system have intellectual or physical disabilities, an advocate who has experience assessing services and accommodations for youth with disabilities may be helpful as a team member. Each state has a federally funded Protection and Advocacy (P&A) office for people with disabilities, which has federal statutory authority to investigate conditions in facilities housing youth with disabilities. Some states' P&A offices are already active in monitoring juvenile justice facility conditions. Others have not focused their work on youth facilities, but their staff may still bring valuable expertise, especially in the areas of special education and mental health services.¹⁰ Other local providers of services to youth with disabilities may be able to offer similar expertise.
- *Other Community Members*
Many sites have found it helpful to include members of community organizations that work with youth or local religious leaders. Increasingly, sites have brought in members of local juvenile justice commissions, local civic leaders, and elected officials or their staff to serve as

team members, since this helps the greater community to be more familiar with what goes on in the juvenile justice system, and sometimes results in the development of allies for increased funding or other needs.

- *Juvenile Justice Professionals*

Assessment teams are often strengthened by the presence of professionals who work in other parts of the juvenile justice system. Many teams have included law enforcement officers, public defenders, probation officers, prosecutors, court appointed special advocates, or social workers from the child welfare system. These people often bring rich experience with youth in the system that is useful in understanding and applying the standards. These individuals also often have practical knowledge of the system that can be useful in developing recommendations for any needed changes in practice.

Many jurisdictions have included one or more detention facility staff members, sometimes from neighboring counties or state agencies. Using detention staff from other agencies ensures that people who know how things work in detention are on the team, but without the conflict of interest situations that may arise when employees assess their own facilities. If local detention staff are included, it may be helpful to include people from different positions: (1) a counselor or other staff person who works day-to-day in a living unit; (2) a person who works in a supervisory capacity such as a shift supervisor; or (3) a person who is familiar with problems that arise in the facility, such as a quality assurance supervisor, ombudsperson, or facility grievance coordinator. These are people who understand the operation of the facility, but see it from varying points of view.

A number of sites have also included people who work for their state facility inspection agencies — either as official assessment team members or as “honorary” members who are in the facility at the time of the assessment. This has provided an effective way to compare the coverage of state regulations with the JDAI standards and to consider how state standards may be updated to reflect JDAI values.

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While the assessment is generated by the people who work in the juvenile justice system, it is essential that the assessment be conducted by a team of people who can see the facility with “fresh eyes.”

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3. Other Considerations in Team Selection

Apart from the major categories for team members, the team should be selected with an eye toward several other things. Detained girls may be more comfortable reporting conditions to

female assessment team members, so an effort should be made to include female representatives on the team. Finally, the team should be racially and ethnically diverse, with an effort to reflect the demographics of youth in the facility.

Also, teams should be selected with realistic attention to the time commitments members will be expected to devote to and the desirability of ongoing involvement in the assessment process. Typical time commitments for various aspects of the assessment process are discussed in section (C)(2) below, and team members should be informed of those commitments during the selection process. Ideally, team members will stay on for successive assessments. This helps team members to develop experience and expertise in conducting the assessments, and facilitates consistency in the assessment of changes in conditions and practices over time.

4. Process for Recruiting Team Members

Team member selection and recruitment should involve close consultation between the Site Coordinator, the TATL, the facility assessment trainers, and other leaders of the local JDAI effort. In order to avoid inviting individuals to participate on the team who are not appropriate team members, it is wise to review the factors outlined above with care, to compile a list of potential team member candidates, and to discuss possible team members prior to extending invitations to participate.

C. THE INITIAL TEAM MEETING

The Site Coordinator may wish to plan one meeting of the assessment team prior to the facility assessment training. If a meeting is not planned prior to the training, then these topics should be covered individually with each team member. At the first meeting of the assessment team, the Site Coordinator should explain to the team how the assessment process works and what it entails. The keys points are as follows:

I. Discuss the Approach to the Assessment: Multiple Points of View

The facility assessment should be informed by multiple points of view, including the viewpoints of detained youth, staff, supervisors and administrators, and others who come into contact with youth in the facility. This is important because detained youth and facility staff or administrators may view particular policies, practices, or conditions quite differently. Sometimes these differing perspectives may indicate problems in carrying out written policies. Other times, differing views may suggest the need for attention to practices that one or more groups perceive as unfair or improper. Inconsistent views on a specific issue may simply point to a need for further investigation to understand the reasons for the differences. The goal for the assessment team is to identify important and potentially dangerous problem areas in the facility, as well as areas of strength. Considering differing points of view makes it more likely that the team will be able to achieve that goal.

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The facility assessment should be informed by multiple points of view, including the viewpoints of detained youth, staff, supervisors and administrators, and others who come into contact with youth in the facility.

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2. Discuss Timelines and Commitment of Time

The Site Coordinator should convey to team members a sense of what is involved in the assessment and review the elements of the assessment at the first team meeting. This will help team members to understand what the specific task will be, and that participation involves intensive efforts for a number of days, spread over a period of months. The following are team tasks and estimated amounts of time team members may expect to spend in the assessment process:

- *Training on the JDAI Juvenile Detention Facility Assessment.*
(Usually one-and-a-half to two days—sometimes involving overnight travel; also time to become familiar with the standards and assessment materials provided at the training)
- *Initial meeting with the team to discuss the assessment process, divide responsibilities, and plan next steps.*
(One to two hours; some teams elect to meet at the end of the training to avoid the need for a separate meeting)
- *Meeting to review and discuss documents.*
Everyone should review certain policies and procedures and general documents about the facility. Team members assigned to specific areas may have additional documents to review.
(Four to six hours)
- *Conducting the assessment.*
Two to five days at the institution, depending on the size of the facility and areas on which the person focuses, including an entrance and exit meeting with the administrator and key staff)
- *Assembling and writing the report following the inspection.*
For each person on the team, the time needed may vary depending on the areas on which the person focuses and the size of the team and the facility. (Three to four hours for most team members; more for the people responsible for assembling all of the parts and writing the narrative)
- *Presentation of the assessment report to the site Steering Committee.*
The whole team does not have to attend, but it is helpful to have team members for each area talk about both positive and negative points identified through the assessment. (Two to three hours)

3. Explain JDAI and Current JDAI Activities in the Jurisdiction

While some members of the assessment team may be active participants in JDAI, some team members may not be as familiar with the Initiative. Therefore, it is important to provide an overview of JDAI’s eight core strategies and identify areas of system improvement that have occurred locally or throughout the state. It will also be helpful to explain to team members how ensuring safe and humane conditions at the facility fits into these activities, and what the JDAI Steering Committee will be doing with the information they gather related to conditions of confinement.

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It is important to provide an overview of JDAI’s eight core strategies and identify areas of system improvement that have occurred locally or throughout the state.

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D. ATTEND THE TRAINING

All team members should attend the training, which is conducted by staff of the Youth Law Center or the Center for Children’s Law and Policy. The training will explain all areas of the assessment standards, how to assess conditions, and provide opportunities to discuss and plan the assessment.

E. FINAL PREPARATIONS FOR THE FACILITY ASSESSMENT

I. Discuss and Plan Document Request

One of the most important parts of the assessment is a review of the paper and electronic records of the facility. The Site Coordinator and the leader of the assessment team should work together to clearly delineate responsibilities for document review. The team should go over the list of documents discussed below and let the Site Coordinator know which documents to request. Several weeks before the assessment, the Site Coordinator or the assessment team leader should write a letter to the facility administrator requesting documents and giving a realistic time for the team to receive the documents. In some facilities, the relevant documents are made available in a centralized location for the assessment team to review, and in others, the facility makes a master set of documents (sometimes with multiple sets of certain parts of the documents, such as policies and procedures manuals) for the team to use. Once the facility administrator provides the documents, the Site Coordinator or team leader should make sure that team members receive copies of the documents they need, and should set a second meeting to discuss them prior to the on-site assessment.

While each assessment team member does not need to review each document, members should read those documents relevant to the specific areas they are assessing, recognizing that many documents are pertinent to more than one area. When team members identify information relevant to other areas, that information needs to be conveyed to the team member responsible,

the team leader, or the team as a whole. The information should be shared as early as possible in the process. Reviewing background documents beforehand makes a site assessment efficient and more effective, providing context for facility operations, comparisons with past assessments, and potential problem areas. This approach enables team members to use their time in the facility to observe, talk with youth and staff, and review documents in use throughout the facility that cannot easily be copied or provided before the site visit, such as unit logbooks.

Documentation of policies and practices provides important information about the operation of the facility and administrative oversight. Failure to have clear, comprehensive written policies on important subjects may be indicative of a failure to provide staff with clear guidance on those issues. Similarly, failure to document critical incidents thoroughly, or inability to access records quickly—for example, on placement of youth on suicide risk status, or youth subjected to use of force or restraints—may be symptomatic of larger problems.

Please consult the “How To” documents for suggestions of what to look for in each of these documents.

- Organizational charts for the facility and the agency that operates the facility;
- Diagram, blueprint, or schematic of the physical layout of the facility;
- The number of admissions of youth during the previous six months by race, ethnicity, gender, language status, and reason for admission;
- Records of the average daily youth population at the facility for the prior six months, as well as the average length of stay for youth in the facility;
- Records of current staffing levels and schedules in each area and function of the facility, including records of staffing vacancies and actual schedules worked by staff;
- Approved annual budget;
- Current manual of policies and procedures, including all policies that pertain to classification, intake procedures, medical and mental health services, suicide prevention, visitation, mail, telephone calls, education and special education, indoor and outdoor exercise, recreation and other programming, training of staff, environmental issues such as sanitation and lighting, due process during disciplinary proceedings, use of force, room confinement, grievance procedures, and restraints, as well as the process for policy and procedure changes;
- Any additional policies and procedures manuals, e.g., for education, medical, or mental health;
- Manuals and handbooks used in the facility, including handbooks given to youth at admission and parent handbooks;
- Records of outdoor recreation and gymnasium use for the past six months;
- Special incident reports or other reports of unusual incidents at the facility, such as behavioral crises, fights, suicide attempts, and uses of force, for the past six months;

- Reports on use of room confinement, use of physical force, and restraints, preferably by unit, for the past six months;
- Suicide precaution or close observation reports or records for the past six months;
- Audits, inspections, or accreditation reports of inspections conducted by professional groups (e.g., American Correctional Association, state inspection agencies, or juvenile justice commissions) for the past two years, including audits for compliance with the Prison Rape Elimination Act standards for juvenile facilities;
- Inspection reports from other public agencies, including health and sanitation, fire safety, and education/special education agencies for the past year or most recent inspection;
- Strategic planning reports written by the director of the facility;
- Grievances filed by youth or staff at the facility for the past six months;
- Child abuse, neglect, or retaliation complaints or citizens' complaints relating to staff or treatment of youth at the facility, records of criminal background checks of staff, and records of any staff disciplinary action taken in the past year;
- Worker's compensation claims and records of staff grievances or legal claims for the past year;
- Records of active lawsuits or investigations (both internal and external) involving conditions or treatment of youth at the facility;
- Documentation of the facility's education/special education program, including staffing and professional qualifications and credentials, evaluation and assessment of youth at admission, educational curricula, class schedules, recent Individualized Education Plans, and transfer of educational records when youth enter and leave the facility;
- Records of staff training for the past year and training materials;
- Food service records, including menus and dietary guidelines;
- Visitor and telephone usage logs;
- Documentation of the facility's policies and procedures with respect to youth with special needs. This may include language access plans for LEP youth and procedures for meeting the needs of youth with disabilities; and
- Documents that have been translated for limited English proficient individuals.

2. Additional Pre-Assessment Matters— Assigning Topic Areas, Dealing with Confidentiality or Records Access, Planning Logistics

The team may plan to gather one or two times before the facility assessment to discuss questions that arose in the document review, identify individual team members' relevant background and experience, go over the standards in the assessment instrument, and divide responsibilities for assessing the different issue areas.

• *Assessment Team Assignments*

Because the assessment covers so many issues, most teams divide the assessment into areas to be covered by more than one person, depending on the size of the team. The team will want to assign people with professional expertise in a particular area to respective subjects (education/ special education, medical, mental health). The standards are divided into the following areas:

- Classification (intake, screening, living unit assignment);
- Health and Mental Health (medical, mental health, dental);
- Access (mail, visits, telephone, legal access, and family engagement);
- Programming (education, exercise, recreation, religion, behavior management);
- Training (and administrative oversight);
- Environment (sanitation, physical plant issues, emergency preparedness, food, crowding, privacy);
- Restraints (use of force, restraints, room confinement, discipline, grievances); and
- Safety.

Groups may be assigned one or more areas. For example, one group might be assigned to handle “Classification” and “Access” and another might be assigned to handle “Restraints” and “Training.”

The team members assigned to each area are responsible for reviewing all of the documents pertinent to the area, conducting the on-site assessment for that area, recording the findings on the instrument, and writing any recommendations or narrative needed on that issue.

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Because the assessment covers so many issues, most teams divide the assessment into areas to be covered by more than one person, depending on the size of the team.

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The team should also designate a team leader responsible for guiding the process and compiling the written report. The team leader may be the Site Coordinator or it may be another individual. The team leader may enlist a small number of people to take responsibility for compiling the written report. This includes assuring that the team members completely fill out the instrument and include any needed explanation. The JDAI Site Coordinator retains ultimate responsibility for assuring that the work is completed. Some sites have established effective partnerships with university legal clinics to have law students work with the assessment team as note takers and

report drafters to help expedite the report writing process and ensure consistency of voice in the writing. Examples of reports are available through the JDAI Help Desk.¹¹

- *Addressing Confidentiality and Records Access Issues*

Some of the materials that team members should review contain confidential information about youth detained at the facility, or the records themselves are subject to statutory protections against disclosure. The team and Site Coordinator should work with the facility administrator and legal counsel for the agency operating the detention facility to reach an agreement about non-disclosure of particular information and compliance with applicable state laws and court rules. There should be a mutual understanding about the extent to which individual team members may talk to others about what they see during the assessment and their findings. In addition, if there is any current litigation about conditions in the facility, the team and Site Coordinator will need to work with counsel for the youth to reach agreement about circumstances under which youth may be interviewed and should consult local court rules to determine whether they include any restrictions on contact with youth in custody.

Depending on the kind of information being sought and the applicable laws and rules, there are a number of ways to deal with confidentiality issues. The facility administrator may, for example, request that team members sign an agreement that they will not disclose any confidential information beyond the members of the team. Another way to deal with confidentiality is to request that materials be redacted (so the identifying information about a particular child is blacked out obscured). Yet another is to obtain the consent of a child and in some cases his or her parent or guardian to review his or her records. Some jurisdictions require, as a matter of law, a court order granting access to confidential records. The myriad rules and regulations may appear daunting, but JDAI sites all over the country have found ways for assessment teams to obtain the information they need. Site Coordinators and team leaders are well-advised to address these issues early in the JDAI facility assessment process.

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Depending on the kind of information being sought and the applicable laws and rules, there are a number of ways to handle confidentiality issues.

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- *Considering Coordination with Other Inspections*

JDAI recognizes that some sites already have state inspections or professional accreditation, and that for others, this will be the first and only oversight process. Facilities that have regular state inspections generally have state standards governing the inspections and a process for addressing deficiencies. Jurisdictions that participate in national standards or accreditation generally do so

through the American Correctional Association or through the Council of Juvenile Correctional Administrators and its Performance-based Standards. Still other sites may have inspections performed by their juvenile court or juvenile justice commissions.

While each facility inspection process has its strengths, none are as specific or comprehensive as the JDAI standards with respect to certain issues. In particular, some state regulations and professional standards are “process standards,” calling for the facility to simply have a policy rather than providing details about what the content of the policy should be.

A number of sites have consciously coordinated the JDAI facility assessment process with other inspections in which they are involved. This has played out in various ways. A JDAI assessment could occur at the same time as a state inspection. Several sites have prepared side-by-side charts of their state regulations and the JDAI standards to be used in the assessment, so standards can be compared. Other sites include members of their juvenile justice commissions on the assessment team and use the JDAI standards as the basis for the annual commission inspection. There are no rules about how to coordinate with the other inspections, but coordination offers the opportunity to use the JDAI facility assessment to provide feedback on conditions or treatment that may be missed in other inspections, and to identify areas in which other standards and assessment processes should be strengthened.

- *Planning the Logistics*

The Site Coordinator will work with the facility administrator to identify target dates for the team’s on-site work prior to extending invitations to assessment team members, so that team members are aware of the training and assessment dates and are available during the dates selected. The Site Coordinator should schedule the assessment well ahead of time (generally about three months ahead to allow for ample preparation and training). The assessment should be scheduled for a time when all staff members responsible for areas of operation at the facility covered by the assessment will be available to answer questions. For example, the assessment should not be scheduled for days when a contract psychiatrist or part-time physician cannot be at the facility.

The facility administrator should be encouraged to issue a letter or memo to all facility staff prior to the assessment that describes the process, explains any agreed-upon procedures related to confidential documents, and sets the right tone for a successful assessment. The memo should explain the purpose of the assessment, who will be on the assessment team, the areas to be covered, and the parts of the facility that the team will visit. The Administrator should direct all staff to cooperate fully. The Administrator should also provide staff with guidance on how to explain the assessment activities to youth at the facility. In addition, the Administrator may wish to convene an introductory meeting with staff and the team on the first day of the assessment to allow for questions and allay concerns.

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The facility administrator should be encouraged to issue a letter or memo to all facility staff prior to the assessment that describes the process, explains any agreed-upon procedures related to confidential documents, and sets the right tone for a successful assessment.

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Step Two: Conducting the Facility Assessment

The facility assessment should be performed in a way that is thorough but minimizes disruption to facility operations. Again, team members will achieve this goal by familiarizing themselves with the assessment instrument, reviewing documents beforehand, establishing responsibilities of the various team members, resolving anticipated confidentiality issues, and following a schedule for the assessment.

FIRST DAY ON SITE

On the first day of the assessment, there should be a meeting of team members, administrative staff, and key facility staff to confirm the assessment schedule and make needed adjustments in the team’s plans. This meeting also provides an opportunity for the team to ask for clarification of issues arising from the information gathered during the document review.

Team participants should dress appropriately to put youth and staff at ease. Since staff dress casually in facilities, male members of the team will usually be more effective if they do not wear coats or ties. Female members of the team should similarly adopt business casual attire. Everyone should wear comfortable shoes.

WHEN TO BE ON SITE

Most of the assessment should be done during the daytime, when programming is in progress, specialized professional staff are present at the facility (education, medical, mental health), and a higher number of staff assigned to living units than in the evenings may make it easier to pull staff aside and engage them in conversation. However, at least one member of the team should visit the facility at night in order to observe evening and late night staffing, programming, and sleeping arrangements, and on the weekend to observe visitation, access to religious programming, and other weekend activity. This is particularly important in facilities where the population exceeds the design capacity.

It is helpful to have the whole team on site doing the assessment at the same time because there are often cross-issue questions and situations that call for being able to consult with one another. At the same time, this process uses team members who have busy lives, and sometimes it is impossible for all team members to be in the same place at the same time. By mutual agreement with the facility

administrator, team members may split up to do parts of the assessment at times that work for their schedules, but the team should establish times during the assessment when information can be shared and questions asked.

WHERE TO GO IN THE FACILITY

On the first day of the facility assessment, after the initial meeting with administrators, the team should walk through the facility, beginning with intake, following the path youth take when they come to the facility. The walk-through tour provides a chance for the team to observe a range of conditions pertinent to specific standards. It also helps to orient the assessment team and to identify areas members will want to return to for closer attention. By starting with the admissions and intake area, team members can see the facility from a youth’s point of view. The assessment team should visit all areas of the facility in which youth spend any amount of time, including:

- Intake and admissions area
- Orientation unit
- Medical examination areas
- Mental health interview areas
- Living units
- Kitchen/Eating areas
- Classrooms, vocational/trade shops, libraries, and other special learning areas
- Any areas where youth perform work
- Exercise areas (indoors and outdoors)
- Recreation and free-time areas
- Areas or rooms used for room confinement
- Restraint rooms
- Visiting areas (for families and for attorneys)

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WHAT TO OBSERVE

As the assessment team makes its way through the facility, team members should observe a range of conditions pertinent to specific standards in the instrument. For example:

- *General condition.* Is the facility clean? Well-lit? Does it feel unusually hot or cold? Is there trash on the floor, or are there towels or dirty clothing? How does it feel walking through the facility?
- *Noise level.* Can people talk comfortably at a normal voice level or do they have to raise their voices to be heard? Does sound seem to bounce off the walls? Can two people have a quiet conversation in the common areas? Are the sounds the team hears of youth happily engaged in some activity, or angry youth expressing frustration with being locked down or not receiving a response from staff?
- *Odors.* Is there an unpleasant odor in the living units? In the bathrooms around the toilets and showers? In rooms or areas used for room confinement?
- *Interactions.* Do staff interact regularly with youth or sit by themselves in the control areas? Are staff-youth interactions calm and supportive, or filled with tension? Do staff get along well? How do youth relate to each other? In the classroom, is there any interaction between youth and the teacher or do youth spend their time working on written exercises or worksheets?
- *Activity level of youth.* Are youth busy most of the time during the day? If they are not in formal programming such as school, are they in structured exercise, recreation, or other activities? Do youth spend a lot of time sitting watching television or sitting in their rooms waiting for staff to finish administrative tasks?
- *Visual environment.* Is the visual environment dull or interesting? Are the walls decorated? What is on the bulletin boards? What messages are being sent to youth? Do they reflect linguistic and cultural competence? Is artwork by youth incorporated into the décor?

Please consult the “How To” documents for suggestions on what to observe for each of the major areas.

WHOM TO INTERVIEW

Facility assessments should be scheduled for dates and times when key staff are available. For example, medical and mental health professionals may only be at the facility on certain days of the week. Teachers and the school principal may not be available for interviews during regular school hours. The schedule should also provide sufficient time to observe youth in a variety of settings and situations in the facility: in school, in group meetings on the living units, during organized exercise or recreation activities, during free time, at meals, and in the evening.

The team should interview the following people at the facility:

- *Youth.* Interviews should include a representative cross-section from regular living units (including girls' units) as well as youth on special status such as disciplinary room confinement and suicide risk status. Individual team members should conduct group interviews with youth during meals and in common areas on the living units, and individual interviews in rooms on the units or other locations affording privacy.

Youth may initially be reticent about talking with team members. Team members should tell youth who they are, the purpose of the assessment, and what they are doing in conducting the inspection. Assessment team members should inform youth that they will not disclose the identity of youth who told them about particular issues unless they have the youth's permission or the information must legally be reported (e.g., under child abuse reporting laws), and that the youth are not required to talk with them.

For some of the standards, it may be necessary to ask questions in several different ways. Youth may be reluctant to talk about themselves, particularly with respect to experiences that were upsetting or embarrassing. It may be useful to ask questions like: "Have you heard anything about this going on?" "Do you know of this happening to other youth here at the facility?" "Are youth at the facility talking about this?" It is important for team members to be flexible and creative in their interviews, and to be active listeners—to listen closely to what youth say, and to ask follow-up questions.

- *Unit staff and supervisors.* Team members should conduct interviews with staff and supervisors from several living units (including girls' units). Staff should be interviewed separately from supervisors, and as with youth, should be assured that team members will not disclose the identity of staff who gave them information unless permission is given to do so. Because there are significant differences between daytime and nighttime institutional life, and between the experiences of regular staff and as-needed staff, interviews should cover different shifts and schedules. The team may find it useful to make arrangements with the facility administrator to have supervisors available to relieve staff of their duties for brief periods of time so that interviewers can have their undivided attention without compromising institutional safety and security.
- *Medical and mental health professionals.* Interviews should include regular nursing staff, the medical director, the mental health director, the psychiatrist, and social workers or other mental health care providers.
- *Teachers and the school principal.* Interviews should cover educational testing and class placement for new youth, availability of previous educational records, curriculum, special education services, programs for LEP youth, teaching environment, resources, classroom discipline, credit for work completed, services for youth who have their GED or diploma, and transition back to school in the community.

- *Exercise/recreation director.* Interviews should cover schedules for daily indoor and outdoor exercise, exercise and recreation on living units, structured activities and free time, and other programming such as community volunteers, as well as how and why activities are cancelled, and with what frequency.
- *Food services administrator.* Interviews should cover nutritional value, variety, and appeal of menu items; sanitation and pest control in food-preparation and storage areas; supervision of any youth who work in the kitchen; availability of and procedures for special medical or religious diets; and any problems with supplies of particular foods.
- *Facility administrator.* In addition to a preliminary meeting and subsequent interview, it is important to meet with the facility administrator at the end of the inspection. That way the team can ask about issues raised in earlier interviews and documents reviewed before or during the inspection.
- *Others.* Additional staff at the facility working in specialized functions can also provide useful information. Such people may include the grievance coordinator, head of the special disciplinary unit, volunteer activities coordinator, training coordinator, building maintenance staff, chaplain, programming coordinator, secretaries to facility administrators, and other professionals working with detained youth. Others, such as parents or volunteers, lawyers who represent youth in the facility, or court personnel, may also provide information about the culture and operation of the facility.

It is important to ask youth, staff, and administrators about the same issues. There are often conflicting reports, even about seemingly straightforward matters such as visitation policies or availability of clean underwear and clothing. Significant variance in reporting is a red flag calling for further investigation. Interviewing youth and staff at all levels of the facility provides the assessment team with a broad base from which to assess individual complaints. It is often difficult to ascertain the validity of such complaints, and the more information that team members have available, the easier it will be for the team to evaluate them.

Interviewing a range of youth, staff, and administrators will help the team understand the culture of the facility. Examples of interview questions might include: Do unit staff primarily function as guards in a facility focused on maintaining order and control, or as counselors in a facility aimed at providing support for troubled adolescents? Do staff have enough supports and available colleagues to do their jobs? Are they working overtime frequently? Do youth engage in normal adolescent behaviors, including occasional conflicts with peers and disobedience of adult directions, or do they pose a serious safety threat to other youth and staff at the facility? Is there a structured behavioral management program that provides guidance and direction to staff and youth? Do the youth understand the program? Are administrators closely involved in facility operations (do they spend regular time on the living units, do they know the names of detained youth) or are they distant and removed?

Please consult the “How To” documents for additional suggestions on whom to interview for each issue area.

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Interviewing a range of youth, staff, and administrators will help the team understand the culture of the facility.
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THE LAST DAY ON SITE

At the end of the facility assessment, the team should meet to make sure all of the issues in the standards have been covered. It is also helpful for team members to meet to reach consensus on the issues they want to discuss in their narrative report. This can often be done over lunch or in an empty office where the team can make a master list of the most important findings.

On the final on-site day or shortly thereafter, the team should conduct an exit interview with the facility director, administrative staff, and key staff members to go over the general findings and any particular areas of concern. This gives facility administrators an opportunity to clear up misconceptions, and to offer information about areas where efforts are being made even though problems may still exist. The exit interview assures that facility administrators and the key staff who may be involved in corrective action have prompt feedback about the team’s findings, and particularly areas in which the site assessment report will find non-conformity with standards or improvement needed.

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On the final on-site day or shortly thereafter, the team should conduct an exit interview with the facility director, administrative staff, and key staff members to go over the general findings and any particular areas of concern.
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Step Three: Reporting on the Facility Assessment and Follow Up

COMPLETE THE ASSESSMENT INSTRUMENT

The facility assessment instrument is formatted to enable team members to indicate “Conforms to Standard,” “Does Not Conform to Standard,” and “Findings/Comments” for each standard. It is important to assess and record compliance for each part of every standard. When the facility does not conform to a particular standard, the team should indicate how and why the facility does not conform, what efforts if any have been made to conform, why it may be difficult to conform, or why the standard does not apply. The team should also indicate the standards on which the facility needs improvement, even if practice conforms to the standard (e.g., policies could be more clearly written

or data should be improved). In addition, the team should recognize where the facility administrator and staff have done a particularly good job in meeting or exceeding particular standards.

PREPARE A NARRATIVE REPORT OF THE ASSESSMENT

Following the facility assessment, the team should prepare a narrative report that summarizes all key areas of non-compliance, areas in need of improvement, and suggestions for corrective action plans. The narrative may also include other issues of interest in JDAI such as use of data and community engagement. Teams may also use the narrative to highlight particularly positive observations or glaring funding and staffing needs, which otherwise may not receive public recognition.

While direct distribution of the report is usually limited, the team should be aware of the fact that the assessment report is likely to fall within the definition of “public record.” Accordingly, the narrative and instrument should adhere to any agreed-upon limitations on confidentiality of information. Also, the tone of the narrative and comments in the instrument should be written with awareness that they could be disclosed to the public.

PRESENT THE REPORT TO THE JDAI STEERING COMMITTEE

The report should be shared with the facility director before dissemination in order to avoid any factual errors. This is not an opportunity for the facility administrator to argue with the team about whether the facility conforms or does not conform to particular standards, but rather for the administrator to clear up factual matters that the team may have misunderstood or of which they were not aware. The report should then be disseminated to the JDAI Site Coordinator and TATL. Sometimes, assessment team members are asked to present findings to the JDAI Steering Committee.

The Steering Committee and detention administration should decide who should receive the report and how to develop a corrective action plan. Normally the distribution list includes the Site Coordinator, the TATL, the Initiative Management Team at the Casey Foundation, and key department heads at the facility (e.g., medical, mental health, education) who oversee areas where corrective action will be needed.

CORRECTIVE ACTION

JDAI’s goal for the facility assessment is that detention facilities in its sites conform to 100% of the standards. However, it is not likely that any facility will achieve this goal upon initial assessment. Following the team’s report, facility administrators will be on notice of problem areas and can take corrective action. On any standard to which the facility does not conform, facility staff and administrators should develop a corrective action plan, and in cases where corrective actions cannot be implemented, this should be documented. If there have been previous assessments of the facility, the corrective action plan should note improvements and areas with lack of progress.

The plan should state what will be done, who is responsible, and when it is to be completed. The facility should have a point person who will report back to the team and Site Coordinator at the end of the designated period for corrective action, and the JDAI governing body should check periodically about steps the facility is taking toward compliance with the corrective action plan.

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FUTURE JDAI JUVENILE DETENTION FACILITY ASSESSMENTS

JDAI facility assessments should be conducted approximately every two years. The Site Coordinator is responsible for reporting to the Casey Foundation on progress made on corrective action plans.

Step Four: Looking Beyond Individual Facilities

One of the most gratifying aspects of the JDAI Juvenile Detention Facility Assessment is the opportunity it provides for improving practice in the juvenile justice system as a whole. The JDAI standards go further than most professional standards and state regulations in providing specific guidance on issues that often result in harm to children or staff.

Several JDAI sites have invited their state inspectors to participate in facility assessment trainings and to observe the assessment process. In addition, a number of states have used the standards in developing or revising their state regulations and standards for juvenile facilities. The Youth Law Center and the Center for Children's Law and Policy regularly receive inquiries about application of the standards from public officials and facility administrators not involved in JDAI, and the standards have been used in numerous situations calling for judgment about appropriate practice.

The JDAI standards, and JDAI sites around the country that have undertaken the JDAI Detention Facility Assessment, demonstrate that providing safe and humane conditions is an achievable goal for any jurisdiction.

JDAI DETENTION FACILITY ASSESSMENT: TIMELINE AND CHECKLIST

During JDAI Phase One, the JDAI Steering Committee, in consultation with the Site Coordinator and the TATL, makes plans for conducting a detention facility assessment. All sites should initiate the facility assessment planning process within 15 months of beginning JDAI activities. Training of

the assessment team, conducting the facility assessment, and writing the report are all pieces of the assessment process and may be completed during Phase Two, but the planning process should begin during Phase One.

STANDARD TIMEFRAME FOR DETENTION FACILITY ASSESSMENTS

Facility assessments should occur every two years. The first assessment, including the report, should be completed within two years of becoming a JDAI site.

Occasionally, the JDAI Initiative Management Team (IMT) or the Technical Assistance Team Leader (TATL) may advise that the facility assessment be completed more quickly. This may happen, for example, if there has been a suicide, major violence, identified abuse or other crisis at the facility, or some circumstance arises that calls for prompt attention to what is happening at the facility.

PLANNING PROCESS

Ample time should be given to the planning and preparation that goes into the facility assessment. Site Coordinators should allow three to five months for planning and preparation for conducting the assessment as they engage in a variety of activities including the recruitment of assessment team members, assistance in coordinating the training for the team, and facilitation of the facility assessment. After the assessment, Site Coordinators will participate in development and distribution of the detention facility assessment report, and in ensuring that corrective action planning and follow-up are occurring.

The following detailed timeline and checklist will assist Site Coordinators in understanding their role in the overall process. Site Coordinators' main role is to work with the training coordinator, the TATL, and the site to ensure that preparations are commensurate with the requirements of the facility assessment.

TIMELINE AND ACTIVITIES

Planning begins three to five months prior to the actual facility assessment when the Site Coordinator and TATL inform the IMT of the intention to begin planning for the detention facility assessment. Upon approval to begin planning, the IMT informs the training coordinator.

► STEP ONE (USUALLY DONE VIA EMAIL)

The TATL and Site Coordinator(s) in the region/state determine a location and date for the assessment training. The choice of location and date should be based on:

- Accessibility for participants and faculty;
- Availability of faculty and training space;
- Whether there is a site interested in having the trainers tour its detention center; and
- Availability of lodging.

▶ STEP TWO

Within the next week, the training coordinator will schedule a preparatory telephone call that will include Site Coordinators for each of the sites that will attend the training, the TATL(s) for the sites, and the trainers from CCLP or YLC. The call should cover the following topics:

- Composition of the assessment team, process for recruiting the assessment team, and expectations of assessment team members;
- Food and lodging needs;
- Hours of training, to accommodate travel plans;
- Photocopying responsibilities;
- Room set-up, audio-visual needs, including laptop, projector, and screen;
- Identification of a person to be the point person in the site that will host the training;
- Schedule for trainers to get the materials and agenda to the point person;
- Evaluations;
- Establishment of timelines for Site Coordinators to notify the point person of numbers of participants;
- Trainers' confirmation of dates (date is usually discussed via email prior to the first conference call);
- Choosing dates for facility assessments in each site, approximately three months in the future; and
- Scheduling a follow-up call three to four weeks later.

▶ STEP THREE

Within a week after the planning call, the Site Coordinators and site leaders agree on training dates based on availability of trainers, TATL(s), site participants, and training space (usually the date is confirmed prior to the planning call). Site Coordinators begin the process of developing an assessment team. Before extending invitations to potential team members, the Site Coordinator gets approval from the trainer, TATL and from the local JDAI Steering Committee, if appropriate, to ensure appropriate team makeup.

TATL(s) should facilitate the planning process and coach Site Coordinators on the composition and recruitment of assessment team members. TATL(s) should contact YLC or CCLP directly if they have questions.

▶ STEP FOUR

Prior to the next scheduled call and at least one month before the training:

- Trainers send draft agenda to Site Coordinators, TATL(s), and the JDAI Training Coordinator; and
- Site Coordinators provide assessment team lists to TATL(s) and trainers.

▶ STEP FIVE

On the date scheduled, Site Coordinators, TATL(s), and the training coordinator have a follow-up call, covering the following topics:

- Feedback from trainers and TATL(s) regarding recruited team members and remaining needs for the teams;
- Any necessary adjustments to the agenda for the training (e.g., timing of meals, participants' arrivals);
- Confirm training space/room set-up and audio visual needs, including laptop, projector, and screen;
- Plans for in-state, trainer, and TATL travel;
- Assignment of responsibility for food and lodging arrangements, government rates for lodging, and arranging a block of rooms at the hotel. The person who makes the lodging arrangements should send this information to the Site Coordinators, trainers, and TATL(s) soon after making the arrangements;
- Where to send training materials;
- Arrangements for a detention center visit at the host site; and
- Plans for ensuring that new team members and other attendees who have not been participating in JDAI have an opportunity to learn about JDAI in general, the activities in their jurisdictions, and the context for the training and assessment.

▶ STEP SIX

Thirty days before the date of the training:

- Sites finalize their teams and send lists of team members to the point person in the host site, the trainers, and the TATL(s);
- The point person at the host site sends contact information and directions to the training to the Site Coordinators, TATL(s), and trainers; and
- The point person at the host site checks to make sure he or she has the training materials, agenda, evaluation forms, and training PowerPoint.

▶ STEP SEVEN

Two weeks before the date of the training:

- The Site Coordinator sends an email to members of the site's assessment team that includes:
 1. The agenda for the training;
 2. Electronic version of the Guidelines, Standards, and "How To" materials;
 3. The PowerPoint for the training; and
 4. A note that printed copies of all of these materials will be provided at the training.

- The point person ensures that the TATL(s) and trainers have contact information and directions for the detention center visit.

Prior to the training, the point person and the host site ensure that the following are available for the training:

- PowerPoint loaded on the laptop;
- Projector and screen set up;
- Copies of the agenda, PowerPoint, training materials, and evaluation forms;
- Food and drinks for the training;
- Nameplates and name tags; and
- Recommendations for dinner for out-of-towners.

TATL(s) and Site Coordinators should plan to attend the training and support their teams' planning for facility assessments.

► STEP EIGHT

Prior to or at the time of the training, each Site Coordinator makes the following plans with team members:

- Identification of documents to request from the facility;
- Location where the documents will be made available to the team members for review;
- Assignment of team members to each of the eight assessment areas in Classification and Intake (pg. 91); Health and Mental Health (pg. 104); Access (pg. 127); Programming (pg. 133); Training and Supervision (pg. 144); Environment (pg. 157); Restraints, Room Confinement, Due Process and Grievances (pg. 170); and Safety (pg. 186). This may include formation of subgroups to be responsible for one or more areas. Each subgroup will choose a point person responsible for completing the written report and checklist for the subgroup;
- Identification of assessment team leader (could be the Site Coordinator), who will be responsible for coordinating the assessment process and pulling together the subgroup reports, ensuring that the standards instrument is completed, and ensuring that the narrative report has a consistent voice, style, and format;
- Arrangements for team members to review documents;
- Confirm dates for facility assessment, including night and weekend visits for some team members;
- How to handle legal issues involving confidentiality and youth interviews;
- Work with facility administrator to develop a message to facility staff and youth about the assessment and logistics of the assessment; and
- Identification of a meeting place for team members at the start of the assessment.

▶ STEP NINE

One week prior to the facility assessment, each Site Coordinator ensures that:

- Team members know where to meet at the facility at the beginning of the assessment and where they can park;
- Arrangements have been made for team members to eat at least one meal with youth during the assessment;
- Team members have signed confidentiality agreements and any necessary arrangements have been made for document access and youth interviews;
- Team members have had an opportunity to review the requested documents;
- Facility administrator knows who will be coming with the assessment team; and
- Team members know what identification will be required, any applicable dress codes, and where they will be able to store their belongings.

▶ STEP TEN

After completing the assessment:

- Team members meet to agree on major findings, both positive and negative, to share with the facility administrator and staff;
- Team members meet with the facility administrator and other appropriate staff to discuss major findings, both positive and negative. The facility administrator and staff provide the team with any information they believe the team will find valuable and correct any misinformation or miscommunication the team may have received during the assessment;
- Ensure the Standards checklist, including appropriate comments on particular items, is complete;
- Complete narrative reports for each section; and
- Circulate draft narrative reports to other members of the group for approval.

▶ STEP ELEVEN

Within two weeks of the meeting with the facility administrator, the subgroups turn in their Standards checklists and portions of the narrative report to the team leader.

The team leader reviews the components submitted by the subgroups for completeness and clarity; completes the Standards checklist and the draft narrative report, adjusting for consistent voice, style, and format; and circulates the draft report to the team members.

▶ **STEP TWELVE**

Within the next two weeks, team members respond to the team leader with any recommended changes to the narrative report or the checklist and then the team leader prepares the final checklist and narrative report. The final report is then provided to the JDAI Steering Committee, the facility administrator, the TATL(s), and the IMT representative (TATLs should review draft reports and checklists to ensure that they are complete, make sense, cover all issues logically, and speak with a uniform voice).

▶ **STEP THIRTEEN**

Within the next six weeks, the facility administrator provides a corrective action plan to the Site Coordinator, TATL, JDAI Steering Committee, and assessment team members.

▶ **STEP FOURTEEN**

Over the next 12–24 months, the Site Coordinator, JDAI Steering Committee, and TATL(s) monitor implementation of the corrective action plan.

ENDNOTES

1. Charles Puzzanchera and Wei Kang, Easy Access to Juvenile Court Statistics: 2010, available at <http://www.ojjdp.gov/ojstatbb/ezajcs/>.
2. Mark Soler, Dana Shoenberg, and Marc Schindler, *Juvenile Justice: Lessons For A New Era*, 16 Georgetown J. Poverty L. & Policy 483, 506-521 (2009).
3. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *Conditions of Confinement: Juvenile Detention and Corrections Facilities* (Research Report), prepared by Dale G. Parent, et al., Abt Associates, Inc. (1994).
4. Andrea J. Sedlak and Karla S. McPherson, *Conditions of Confinement: Findings from the Survey of Youth in Residential Placement*, Office of Justice Programs, OJJDP, Juvenile Justice Bulletin (May 2010).
5. Sue Burrell, *Improving Conditions of Confinement in Secure Juvenile Detention Centers*, Pathways to Juvenile Detention Reform, Volume 6 (Annie E. Casey Foundation, 2000).
6. The JDAI Help Desk can be reached online at www.jdaihelpdesk.org. It posts support materials and provides a way to ask specific questions.
7. For example, Sue Burrell, *Moving Away From Hardware: The JDAI Standards on Fixed Restraint* (February 2009).
8. The JDAI Help Desk can be reached online at www.jdaihelpdesk.org.
9. Phase 1/Year 1 JDAI Developmental Milestones and Tasks, available at www.jdaihelpdesk.org/Pages/starterkits.aspx; JDAI Year/Phase 2 Site Development, available at www.jdaihelpdesk.org/Pages/starterkits.aspx.
10. To find a P&A in your region and learn more about the P&A system, visit www.ndrn.org.
11. The JDAI Help Desk may be reached at www.jdaihelpdesk.org.

facility assessment “how to” tools

IV

Facility Assessment “How To” Tools

JDAI “How To” Tools: Classification and Intake

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review policies and procedures, including any Risk Assessment Instrument (RAI) or posted orders regarding classification and detention limitations for staff in the intake and admissions area of the facility.

- Do such policies or procedures exist?
- Do the policies and procedures comply with JDAI standards?

Review a sample of initial Risk Assessment Instrument (RAI) screenings for youth.

- Are the risk assessment instruments fully completed?
- Is there evidence that the youth were screened accurately? It should be evident that information collected from youth is used in the decision to determine whether to detain a youth or use a detention alternative.
- Examine the use of overrides to ensure that staff are basing their decisions on appropriate rationale.
- Is there evidence that youth who should be excluded from detention – such as status offenders, youth on immigration holds, and child welfare youth – are detained in the facility?
- Is there evidence that youth who otherwise meet the criteria for release are detained because staff cannot adequately communicate with parents or guardians because of language barriers?

Review intake and classification forms.

- Do forms cover the information that staff must gather in sections I(B), (C), and (E)?
- How are the forms used to inform intake, population management, housing and classification decisions?

Review orientation materials.

- Do orientation videos, handbooks, or other information sources cover all topics listed in section I(C)?

- Is the information presented in a way that youth can understand, including youth with disabilities and youth with limited reading abilities?
- What materials are given to parents?

Review language access plans.

- Has the facility completed a language access plan to assess the need for services for limited English proficient (LEP) youth and family members?
- How does the facility assess the number or proportion of LEP youth from each language group in its service area to determine appropriate language assistance services (e.g., LEP enrollment data from local school districts, U.S. Census Bureau data)?
- Does the facility collect and record primary language data from youth when they first have contact with the facility and if they are detained?
- Does the facility staff know how many detained youth are LEP by language spoken? In the last six months how many LEP youth have entered the facility and what are their language groups?
- What type of language assistance services does the facility provide?
- Has the facility identified when and how interpretation services will be made available and in which languages? Are interpretation services made available by qualified interpreters? If youth at the facility or their family members do not speak English or are limited in their ability to speak or read English, are all vital materials translated in all appropriate languages? Are the translations accurate and understandable?
- Has the facility identified which staff are bilingual? How is that determined and is there a process for determining if the staff is qualified to provide language services?
- Are staff trained concerning the availability of language services?
- How does the facility inform youth and their families about the availability of language services?

Review population counts for the past several months.

- Has the population in the facility approached or exceeded the rated capacity at any time in the past several months?
- Does it appear that the policies and procedures were implemented at those times?

Request copies of reports or data listed in Standard I(D)(3).

- Do such reports or data exist?
- Have these reports been used to modify or refine the RAI?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, state or federal educational agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? During the assessment, check to see if any problems previously identified have been remedied.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

OBSERVE

Observe intake and admissions area(s).

- One individual from the assessment team should ask to observe at least one intake/admissions interview with a youth. When screening youth, do staff members use the RAI? Are youth told of the reason for intake information? Do staff avoid asking youth to repeat distressing or highly personal information unnecessarily?
- Do intakes appear to be conducted in a timely manner?
- How many youth are awaiting intake? How are youth supervised while awaiting intake?
- Is the reception area safe and clean?
- Are there age-appropriate posters or displays that provide information about the intake procedure to youth?
- Are intakes conducted in a private area where other staff and youth cannot hear the conversation taking place?
- Are intakes conducted in the primary language of youth who are LEP or non-English speaking?
- Do staff ask youth about disabilities? Do staff know how to obtain any necessary auxiliary aids?
- Are youth offered at least two phone calls, a shower, and storage of personal belongings?
- Are the youth's personal belongings properly inventoried and securely stored at intake?
- Are youth offered food and drink at intake?
- During intake, do staff review the orientation materials orally with the youth, regardless of whether a written version is provided, to ensure that youth with reading/writing problems understand the rules? Do staff provide an opportunity for youth to ask questions/clarify misunderstandings?
- Are forms with confidential information stored in locked file cabinets or left out on desks?

- Does orientation contain all of the topics required by the JDAI standards?
- Do youth receive a comprehensive education program related to sexual misconduct prevention, detection, and response within ten days of admission to the facility?

Observe the living units.

- Do older and younger youth appear to be separated from one another? Bigger and smaller?
- Do units seem to be integrated by race and ethnicity?
- Does the facility have a variety of sleeping room options (e.g., individual sleeping rooms and rooms with roommates)? If so, how are youth assigned to these rooms?
- Are more youth living in a unit than its rated capacity? Are there cots or mattresses in cells for youth who are “doubling up”?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interviews of intake and unit staff.

- What is the youngest age of a youth that is currently in the facility? Has the facility ever detained a youth under the age of 13? If yes, how many youth and how frequently? What were the particular circumstances?
- Are status offenders detained in the facility? If yes, how many youth and how frequently? For how long are status offenders held in the facility?
- Are undocumented youth detained in the facility? Are there youth being held who have not committed an offense? If yes, how many youth and how frequently?
- Are any abused or neglected youth who have not committed an offense detained in the facility? If yes, how many youth and how frequently?
- Do intake or admissions staff have the authority to release or conditionally release youth?
- How do staff obtain sensitive information about youth during the intake process (e.g., sexual orientation, history of sexual abusiveness)?
- Ask staff to describe the classification process. Does the information comply with the written policy and with JDAI standards?
- How do staff evaluate the maturity of an individual youth for placement decisions?
- Are violent and non-violent youth separated from one another in the living units? On what basis?
- Do classification decisions take into account the presence of mental or physical disabilities? The youth’s risk of suicide? Risk of sexual victimization or abusiveness?

- Are units segregated by general gang affiliation, or do staff evaluate specific information regarding individual youth who need to be separated from one another?
- Are youth who are (or perceived to be) gay, lesbian, bisexual, transgender, or intersex automatically housed or programmed in certain units? Are these youth consulted on any special housing decision?
- How frequently is the institutional population of the facility reviewed?
- What happens when the population is approaching or over its rated capacity?
- What are the limits on the disclosure of confidential information obtained during intake?
- Do staff know how to assess whether a youth needs language assistance?
- Do staff know what interpretation or other language services are available to interview youth who are LEP or non-English speaking or to contact their families?

Interview youth.

- Ask youth what sort of screening they experienced at intake. What questions were they asked? Were they asked questions that they found upsetting or embarrassing?
- Was there information about their individual situation that they wanted to share with the intake staff? Were they able to share that information? Why or why not?
- Were they asked if they were high or intoxicated when they were first admitted?
- Were they offered food and drink at intake?
- Were they offered at least two phone calls, a shower, and storage of personal belongings?
- What information did youth receive during orientation to the facility? Was there an opportunity to ask questions about anything that was unclear?
- Do they feel safe in their living units? Are they separated from older or bigger youth or youth that seem threatening to them?
- Do they think that they have been placed in a living unit because of any gang affiliation? Sex offenses? Other reasons?
- Are there more youth living in their units than the amount of rooms or beds? Are cots or extra beds brought in for youth to sleep on?
- Ask youth about problems accessing phones, visitation, recreation, etc., at the facility to determine whether the number of youth in the facility is impeding access to programs and services.

JDAI “How To” Tools: Health and Mental Health Care

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

Team members should recruit individuals with a background in health and mental health care to assist with this part of the assessment.

REVIEW WRITTEN DOCUMENTS

Review the facility’s policies, procedures, and protocols for medical and mental health services.

- Do these policies conform to the JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?
- Are there appropriate policies, procedures, and protocols to meet the needs of girls at the facility?

Review the instrument(s) used for medical, mental health, and suicide screening at admission.

- Does the instrument include all the information required by the JDAI standards?

Review sick call logs and records of referrals of youth with medical and mental health problems to other facilities or providers. Also review lists of scheduled outside-facility appointments, and transportation logs.

- Were youth seen in a timely manner?
- Were youth appropriately referred to other facilities or providers?
- Was transportation provided to those outside appointments as scheduled?

Review a sample of medical, mental health, and dental records of youth at the facility. Be sure to review records for youth that have been in the facility for an extended period of time.

- Are medical and mental health records kept separate from confinement records?
- Do the medical records contain all the information required by JDAI standards?
- Did youth receive medical, mental health, and suicide screenings at the time of admission?
Did the screenings cover all topics required by the JDAI standards?
- Who performed the intake screenings, and how long after the youth was brought in did they occur?
- Did youth receive full health assessments within a week of admission? Did the full health assessments include all of the information required by the JDAI standards?

- Were the health assessments done by a registered nurse, nurse practitioner, physician's assistant, or physician?
- Did youth with medical or mental health problems receive appropriate services in a timely manner? Is there evidence that youth got the right services at the right time? Is there evidence that youth identified at risk for medical or mental health problems were properly monitored pending further assessment?
- Did youth identified as having significant mental health needs receive a timely professional assessment? Prior to and after full assessment, did youth receive appropriate mental health care? Are there mental health service plans for youth with significant mental health needs that contain all necessary components?
- Did youth receive a dental screening within one week of admission? Have youth who have been detained for an extended period received a full dental examination within 30 days of admission?
- Are there records of parents and youth providing informed consent for medical and mental health services?
- Are there medical or mental health discharge plans for youth who have been held past their initial detention hearings and who have significant health or mental health needs?

Review the plan for medical and mental health emergencies at the facility.

- Is the plan adequate to meet medical emergencies?
- Does the facility have a plan for providing medical and mental health services in the wake of a sexual abuse allegation?

Review records of medical and mental health emergencies and injuries at the facility.

- Did staff respond promptly and appropriately?
- Did youth receive necessary services?
- Did any emergency transportation occur in a timely manner?

Review records of the medical and mental health quality assurance program at the facility.

- Does the facility's approach conform with the standards for an appropriate quality assurance program?
- Do the quality assurance records identify any problem areas indicating non-conformance with JDAI standards? If so, check whether any problems have been remedied.

Review records of annual training of medical and mental health staff. Review training records of facility staff pertaining to medical and mental health care.

- Does the training conform to JDAI standards?

Review the suicide prevention and response policies at the facility.

- Do these policies meet JDAI standards?

Review records of suicide attempts and gestures at the facility for the previous six months.

- Were youth handled in ways that conform to the JDAI standards?
- Were parents or guardians contacted for timely and appropriate follow-up?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, National Commission on Correctional Health Care, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

OBSERVE

Observe the areas for medical and mental health screenings and assessments.

- Does the facility provide confidential settings for screening and assessment?
- Are the settings appropriate for these purposes (e.g., designated areas, with appropriate equipment)?

Observe youth on various levels of suicide precautions.

- Are actively suicidal youth on constant, one-on-one observation?
- Are youth integrated to the extent possible in the normal facility routine?
- Are youth at lower risk for suicide placed on close observation or observation consistent with the recommendations of a qualified mental health professional?
- When youth on suicide precautions are in a room by themselves, is there anything in the room with which youth may harm themselves (e.g., hooks on walls, sharp corners, areas where youth could loop a piece of cloth to form a noose, live electrical outlets)?
- Are rescue tools available on living units and in other parts of the facility?

Observe the area for medical separation of youth.

- Is it conducive to direct and continuous observation of youth by staff?
- Are medically separated youth observed at frequent appropriate intervals?
- Is the area medically appropriate (e.g., is there sufficient separation from other youth and staff)?

Observe other medical areas.

- Are these areas appropriate for the purposes they serve?
- Are reference materials appropriate and up-to-date?

Observe the storage area for prescription medications.

- Does the prescription medication storage area meet JDAI standards?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth if they were questioned about medical or mental health needs when they entered the facility. Did they receive medical and mental health screenings at admission?
- Ask youth if they saw a nurse or doctor since they entered the facility. Did they receive full medical assessments within one week of admission?
- Have they been able to access sick call or medical care when needed? Do they understand how? Can youth see a medical professional without explaining their conditions to non-health care staff? How long did it take before they saw a medical professional and received care?
- Do they know how to obtain mental health services when needed?
- Have they ever been on suicide precautions, or seen anyone who was? What happened? How was it handled?
- Have youth experienced any problems in getting the health and mental health services they need?
- Ask youth if anyone has looked in their mouth to check their teeth. Have they received dental services and information required by the JDAI standards?

Interview medical and mental health professionals at the facility.

- Ask medical and mental health professionals to explain a few of the policies and procedures you reviewed earlier. Do their explanations match what is written in policy or procedure? If they don't know the answer to a particular question, ask them what they would do in that situation (e.g., consult a manual, ask another staff person at the facility, call the local poison control).
- Are there sufficient medical, mental health, and dental staff available on-site, on-contract, or on-call to meet the needs of the detained population? What types of services would they like to get more of?
- Are there 24-hour on-site emergency or on-call medical, mental health, and dental services available? What services are regularly available in the evening hours or on weekends?

- How do staff ensure continuity of medication and medical or mental health services that youth may have been receiving in the community prior to their admission?
- Do qualified mental health professionals prepare mental health service plans for youth with significant mental health needs?
- Is insurance and medical information collected? What attempts are made to contact the child's primary doctor in the community?
- Do medical and mental health professionals prepare medical, mental health, or dental discharge plans for youth with continuing needs? How long does a youth need to be in the facility before a discharge plan is done for him or her?
- Are medical and mental health professionals familiar with the suicide prevention and response policies at the facility? Does their understanding regarding decisions about suicide precautions match policy and JDAI standards?
- How are prescription medications administered? Who administers them? Where?
- How do medical and mental health professionals obtain informed consent from parents and youth? Who engages in these discussions? In what situations is a youth's consent to services adequate? How do they ensure that youth and parents understand the nature of the services?
- What information do medical and mental health professionals share with direct care staff? When? What are the limits on disclosure of confidential information?
- What type of discharge plans do medical and mental health professionals prepare? Under what circumstances?

Interview unit staff at the facility.

- Ask direct care staff to explain how the policies and procedures you have reviewed earlier work. You may want to provide a concrete example, "How have you been taught to handle children with asthma?" Does the explanation match what is written in policy or procedure? If staff do not know the answer, ask them what they would do if they had a question about how to handle a child with a particular medical need.
- What is their understanding of sick call policies? Can youth see a medical professional without explaining their condition or reason to staff who are not medical professionals?
- Are direct care staff familiar with the medical and mental health resources at the facility? What kind of interaction do they have with medical and mental health professionals at the facility?
- What training do they receive on medical and mental health issues? Do direct care staff know how to recognize a medical or mental health emergency? Do unit staff understand when and how to contact medical or mental health professionals in such emergencies?
- Are direct care staff familiar with the suicide prevention and response policies and procedures at the facility? You may want to provide a concrete example such as, "What would you do if you found a youth hanging from his bunk or the door hinge?"

JDAI “How To” Tools: Access

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review policies and procedures for mail, telephone access, visitation, contact with attorneys and public officials, and interactions with family members of youth.

- Do these policies comply with JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?

Review orientation materials.

- Do orientation videos, handbooks or other information sources explain mail, telephone, and visiting procedures and rules?
- Do orientation materials inform youth that they may send and receive as many letters as they want, and receive reasonable numbers of books and magazines in the mail?
- Are orientation materials accessible (language, disability, etc.) to all youth in the facility?
- Do the materials help youth understand their rights to be free from harm and how to report if they are feeling unsafe?

Review the visitation schedule.

- Do families have more than one visiting option to accommodate varied work schedules?
- Does the schedule allow for visits of at least one hour?

Review log books for mail.

- Does a log reflect date, time, and reason for any mail withheld?
- Are confiscated items logged?

Review log books of visits.

- Do logs reflect the time visitors arrived, when the visit actually began, or both?
- Are actual visit times consistently more than one hour?
- How many visitors have been denied access within the past two months and for what reason?

Review written materials provided to family members.

- Do the materials provide information in a clear and understandable manner?
- Do they explain how to access the grievance system or other means of reporting problems?
- Are the materials translated for family members with limited English proficiency?
- Do the materials encourage family involvement with the facility?

Review any logs of call monitoring to check for compliance with JDAI standards.

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? When you observe the facility, you will want to check to see if any problems previously identified have been remedied.

OBSERVE

Observe mail receiving, sorting and opening area(s), and mail delivery.

- What is the practice for receiving, sorting, and delivering mail?
- Does actual practice as described by staff and observed comply with written policy and with JDAI standards?
- Are staff opening mail in a mail room, or in front of youth as required by the standards?
- Are staff opening mail marked “confidential” or “legal mail?”
- Are staff informing youth if mail is withheld?
- Is there a limit on books and magazines a youth may receive?
- Is there a backlog of undelivered mail, either addressed to youth or addressed to the outside? How old is the mail?

Observe a visitation time.

- Check the amount of time visitors wait for youth to come out to see them. Does anyone have to wait an unreasonably long time?
- Are visits at least one hour? Are they contact visits? Are there legitimate security reasons for non-contact visits?
- Is the visiting schedule posted for youth and the public to view?
- How are visitors informed about the rules and policies governing visitation?

- Is there a dress code for visitors? Are visitors offered alternative cover-ups if they do not comply with the dress code?
- What type of identification is required to be able to visit and is there an alternative identification process for visitors who do not possess government-issued identification?
- Are searches of visitors and youth consistent with policy and procedure, and with JDAI standards?
- If staff are monitoring conversations, can they articulate reasonable suspicion of threat to safety or security or crime?
- Are youth searched after visits? What kind of search is performed?

Observe family outreach activities.

- Does the facility offer parents an orientation to the facility within one week of a youth's admission to the facility?
- Do families have the opportunity to register complaints or ask questions of facility staff?
- Does the facility involve family members in decisions about their children at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview living unit staff.

- Check for understanding of, and compliance with, facility policy and JDAI standards regarding mail.
- Have they ever withheld mail from youth? What were the circumstances or reasons?
- Have they ever read a youth's mail? For what reason?
- Is there a limit on the number of letters that youth may write?
- How do youth get pens or pencils to write letters?
- When do they allow youth to write letters?
- Are there any problems with getting sufficient supplies of pens or pencils, paper, and envelopes for youth?
- Are there consistent rules regarding telephone access?
- Are staff ensuring that each youth has a comparable opportunity to use the phone? (Extra phone calls as positive behavior incentives are fine, but youth bullying others to get them off the phone is not.)
- Are youth receiving a minimum of two 10-minute calls per week? Is the time measured from after a connection is made, rather than from when a call attempt began?
- Have they ever refused to allow a youth to make a call when the youth was scheduled to use the telephone? For what reason?
- Have they ever cut off a call while a youth was talking? For what reason?

- Does the facility require youth to make only collect calls? If so, how do they handle youth whose parents can't receive collect calls? Are youth provided with other ways of calling home?
- Do staff monitor phone calls? Do staff stand near youth while youth are on the phone?
- How do staff handle phone calls to attorneys? Where do they take place? Are other individuals able to hear the conversation?

Interview youth.

- Are youth having any trouble receiving things their parents tell them they have sent?
- Do youth report any limitations on letter writing?
- Are writing implements, paper, and envelopes available at reasonable times and frequency for letter writing?
- Do youth know what the rules are for receiving packages, and what the rules are for ordering books or magazines or receiving such materials from family? Have they had any trouble with the system?
- Do staff open mail in front of youth? Is mail delivered to youth already opened?
- Have youth received mail while on disciplinary status?
- Are youth able to write to their attorneys?
- Has mail from their attorneys ever been opened by staff? What were the circumstances?
- Have youth been able to call or write to courts or public officials confidentially if they want to?
- Are they able to make confidential phone calls to attorneys? Do they know how?
- Do staff monitor phone calls?
- Do staff stand near youth while youth are on the phone?
- Do they have ways to access help with legal problems other than their pending charges?
- Have they ever been denied visits? Are the reasons justified under the JDAI standards?
- If they have children, have they been able to visit with them?
- Have youth encountered problems with the phone system? Do they have to pay for calls/collect calls? What is the cost? What happens if you cannot afford it?

Interview staff supervising visits.

- Is staff's understanding of rules consistent with policy and procedures and with JDAI standards?
- Have staff accommodated needs for special visitation times? Have they denied any requests? Are these denials documented anywhere? (If so, review.)
- Have there been any particular problems with visitation (e.g., bringing in contraband)? How have they handled the problems?

- How do families ask questions or register complaints?
- Are there opportunities for families to meet with facility staff?
- Do attorneys have reasonable opportunity to visit with clients during client waking hours?
- Do attorney visits occur in a setting that allows for confidentiality?

Interview family members while they wait for visits or after completion of visits.

- Did family members receive an orientation within one week of their child's admission to the facility? What type of information did it cover? Did they have any questions that were not covered by the orientation?
- Are they allowed to bring personal items for their child? Have there been any problems with this?
- Have they encountered any problems with visitation?
- Are they afforded an opportunity to raise concerns or ask questions about their child's treatment at the facility? What concerns have they raised? Do they think there are any good things happening at the facility?
- Do staff provide them with the opportunity to be involved with decisions made about their children at the facility, such as behavior management strategies and medical and mental health services? Are they notified when serious incidents involving their children occur?

Interview counsel, such as public defenders, who frequently represent youth at the facility.

- Do these attorneys experience any problems getting access to their clients?
- Are meetings held in confidential settings?
- Are clients able to call them from confidential settings when they need to?
- Have there been any problems with any legal mail?

Interview facility investigators or administrators.

- Is there a program to monitor phone calls?
- Determine whether calls are monitored only where staff have reasonable suspicion of criminal activity.
- Determine whether attorney calls are ever monitored.

Interview the facility administrator.

- Inquire about the system for choosing the telephone company that provides youth phone service.
- If collect calls or calling cards are required, what are the rates? Does the facility have any process for providing funds to youth and family members who cannot afford the rates?

JDAI “How To” Tools: Programming

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Education

Team members should recruit individuals with a background in education and special education laws and requirements to assist with this part of the assessment.

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review any staff handbooks, student and parent handbooks, school rules or behavior management plans, curriculum guides, or other documents that reflect or describe the educational policies or programs at the facility.

- Do the written documents comply with JDAI standards?

Review any evaluations, audits, school accreditation reports, school accountability report cards, local, state, or federal compliance reports, or similar documents that assess the educational programs provided and to what degree youth are demonstrating academic achievement in these programs.

- Do these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

Obtain enrollment data that includes the date of enrollment/first attendance in the facility school, grade level, age, gender, race/ethnicity, language status, and special education status of all youth.

- What are the assessed disabilities of all youth identified for special education?
- What are the languages spoken by all youth identified as LEP by grade level?
- Are any of the youth identified as migratory students?

Review education screening forms and documentation of school record requests and transfers.

- Are the screening forms completed with all necessary information?
- Compare screening forms to youth’s intake date and time. Are they completed upon youth’s admission to the facility, and never more than three days after youth’s admission to the facility?
- Review forms for records requests and transfers after release. Does it appear that there is an efficient process in place?

Compare the facility admission roster to school records.

- Check records for a sample of youth to determine whether staff are screening youth, obtaining records, and enrolling them in school within three days of admission.
- Check whether youth detained more than five days have received an educational assessment.

Review special education files.

- Are special education files kept separate from other education files? Do the files contain the required documents, including IEPs, review hearing documentation, and service records?
- Do services provided match the youth's needs? Is there any indication that IEPs have been altered to fit existing services at the facility school?

Review the unit and school schedules.

- Determine how many minutes per day youth are required by law to be in school, and review the daily schedule to determine if the schedule permits all youth the amount of time required by law.
- Is there a schedule for library use that affords regular access for all youth?
- Review the records of services provided to youth who are on disciplinary status or otherwise unable to attend school.

Review teacher roster, credentials, and attendance records.

- Are there any teacher vacancies? How are the positions being filled in the interim?
- How often are teachers absent and is there a process for providing substitute teachers or are youth sent back to their units when teachers are absent?
- What are the credentials of the teaching staff? How many have emergency credentials or waivers?
- Do the teachers have any specialized credentials with respect to special education or LEP instruction?
- Are there any supplemental instructional staff, such as resource teachers or instructional assistants, available at the school?
- Are any instructors teaching outside their subject areas?
- Determine whether outside substitutes have taught when teachers were on leave, rather than pulling administrators and special service providers from their duties.
- Do students enrolled in school attend regularly? Are excused and unexcused absences recorded with reasons for the absences?

Ask for a list of youth suspended or expelled in the past 6 months.

- Review randomly selected records of suspended and expelled youth to determine compliance with all state and local requirements and the JDAI standards.
- How many youth have been suspended and on what grounds?
- Are students being suspended on grounds that would not normally apply in a regular school setting?

OBSERVE

Observe initial educational screening.

- Do education personnel collect information about school status, special education status, grade level, grades, and history of suspensions or expulsions, retention, and LEP status?
- Do education personnel ask the questions in a manner likely to elicit accurate responses about special education from youth? Do they ask the questions in a way that youth understand? For example, “Did you receive special education?” will not identify all youth who previously received special education. Questions about whether a youth ever had an Individualized Education Program (IEP), whether a teacher ever pulled a youth out of class to do work one-on-one, etc., are more effective at figuring out if a youth was in special education previously.
- Do education personnel ask the questions in a manner likely to elicit accurate responses about language proficiency? For example, have youth ever been given any special instruction to teach them English? What is the language most frequently spoken at home? Even though youth may speak English, do education staff determine whether they can read in English?

Observe classes.

- Do teachers engage students? Is classroom work limited to individual seat work or does any interactive instruction take place?
- Is meaningful work occurring?
- Are students on task?
- Are there unnecessary distractions (e.g., class in noisy space, staff talking in close proximity, more than one class in the same room)?
- What are the decorations on the walls of the classrooms? Are they interesting and varied? Do they recognize student achievement?
- What strategies are in place, if any, to provide LEP youth access to the core curriculum? Do any of the teaching staff speak a language other than English? Are there instructional aides available who speak the languages of the LEP youth?

- Are there appropriate instructional materials in class, including those for LEP youth?
- Do youth have access to textbooks or do they use worksheets?
- To what extent do youth have access to computers? Are the programs language-accessible? Are youth engaged in educational activities on the computers (as opposed to playing solitaire)?
- Do special education teachers and other service providers have appropriate space to do their work with youth?

Observe transportation of youth to class.

- Do classes start at the time they are scheduled to start?
- Does variation from the schedule result in substantial reduction of education time?

Visit other parts of the facility during school time.

- How are youth disciplined for disruptive behavior?
- If youth are observed not in school during the school day, ask why they are not in school.
- Observe instruction provided to youth who are not able to attend the regular school.

Visit the school library.

- Is there an appropriate variety of books to accommodate youths' interests, educational needs, and languages spoken by youth at the facility?
- Do the books appear to have been used? Are they in good condition?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff responsible for screening, assessment, and placement.

- How soon are youth enrolled in classes at the facility school?
- Are youth placed in classes solely by age or unit, or are they grouped by ability and/or by LEP status?
- If a youth is LEP, are there any education staff who speak the youth's home language and are qualified to interpret? What is the school's approach to providing LEP youth with meaningful access to the school program?
- Are education personnel asking questions likely to find out accurate information about special education? What questions do they ask?
- Are education personnel asking questions likely to find out accurate information about English language proficiency? What questions do they ask?

- Do staff request educational records from a youth's prior school, including Individual Education Program (IEP) and Section 504 Plans, within 24 hours of the youth's admission or the next business day, whichever is later?
- Do staff conduct an educational assessment within five days of a youth's admission?

Interview school personnel at various levels.

- Is there timely communication of information about youth's work and credits completed as they transfer to a new placement or return home?
- Is school on a 12-month calendar?
- How are substitutes trained and retained for the facility?
- Is there a process for determining partial credits and are partial credits accepted by the returning school districts?
- What are the post-detention educational placements available to youth? Are youth placed in alternative schools after detention, or are they re-enrolled in their regular home school district? Who decides and on what basis?

Interview youth.

- What hours are they in class each day?
- Do teachers have control of class or is most of the time taken up with discipline?
- Is work at an appropriate level or is it too easy or too hard?
- Determine whether the youth received special education before arriving at the facility. Is he or she getting similar services at the facility?
- Do youth have access to the library? Are they allowed to check out books?
- If a youth is on disciplinary status, what education does the youth receive? Do they receive work packets? Is their work corrected or reviewed by teachers? Is there any meaningful communication with an instructor?
- Are there unnecessary distractions in the classroom?
- Do they have the materials they need?
- Do they have access to textbooks? Do they have access to computers?
- Do they have homework? Can they take textbooks or other materials to their room?

ASSESS COMPLIANCE WITH SPECIAL EDUCATION AND SECTION 504 REQUIREMENTS

- Interview staff, youth, parents, and attorneys who frequently represent youth at the facility.
- Ask for a list of youth with disabilities, review their IEPs, Section 504 Plans, and Behavior Intervention Plans. Observe these selected youth to determine whether they are receiving appropriate instruction and services according to their plans.
- What specific special education services are available to youth?
- How many education staff members provide special education services? Who are they? What services do they provide?
- Check plans against service logs to see if youth are receiving services required by plans.
- Determine whether plans are weakened or adjusted down to fit the limited resources of the facility. Compare prior educational placement plans to current ones at the facility for individual youth. Is there a pattern of eliminating or cutting back services from previous plans? Are there legitimate reasons for such changes?
- Observe an IEP meeting for compliance with the law. Are reasonable efforts made to involve the parent or surrogate? Are surrogates available in appropriate cases?
- Is there any delay in the delivery of special education services as a result of the failure to obtain a previous IEP from the sending school district?
- Are youth with educational disabilities disciplined in the facility school? Does the disciplinary process align with federal requirements and the JDAI standards?
- Are special education services and assessments provided to those youth who are awaiting placement?

Exercise, Recreation and Other Programming

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review policies and procedures.

- Do these policies comply with JDAI standards?

Review facility and individual living unit schedules, recreation schedules, unit and recreation log books.

- Compare schedules to unit log books, or other logs that indicate use of parts of the facility dedicated to specific programming (e.g., the gym, computer room, etc.) to determine whether youth receive programming that is scheduled.
- Does the schedule allow adequate time for exercise and other activities?
- Is there excessive unstructured time?

- Do afternoon or evening programs reflect the interests and needs of the youth? Where appropriate, are programs presented by outside groups with ties to the community?
- Is there equivalent programming for male and female youth? Do female youth have the same quantity of time in the gym, computer room, or other special facilities?
- Is there time for religious services reflecting the needs of the youth in the population? What activities are scheduled for youth not participating in religious programming?

Review documentation related to the positive behavior management system.

- Does the positive behavior management system align with the JDAI standards?
- Do youth receive incentives for positive behavior in addition to consequences for negative behavior?
- What materials do youth receive about the positive behavior management system? Are they easy to understand?

Review policies and procedures related to youth with special needs.

- Does the facility have policies and protocols on meeting the needs of youth with disabilities, including youth with physical and intellectual disabilities?
- Does the facility have policies and protocols on meeting the needs of LEP youth? Have staff completed a language access plan? Do these policies include making programming other than school accessible to these youth?

OBSERVE ACTIVITIES IN LIVING UNITS AND ELSEWHERE IN THE FACILITY

- Are youth engaged in a variety of activities in the course of the day?
- Do they have at least one hour of exercise, outside if the weather permits?
- Do units have a sufficient supply of games, cards, reading materials, writing implements and art materials? Are they age-, gender- and subject-matter appropriate? Are there materials for a variety of ability levels?
- If the television is on, is there appropriate programming? Do youth have the opportunity to engage in other activities while other youth are watching television? Is television use kept to a reasonable minimum?
- Are youth out of their rooms except during shift changes and other brief periods of transition? If youth are in their rooms when you visit the unit, ask why. Check back later to see if the youth have been returned to programming.
- Are exercise spaces and equipment sufficient to allow all youth to have exercise during scheduled periods (e.g., one basketball court for a unit of 25 youth is not enough if no other activity is available)?

- Do the activities match the schedule and logs?
- What are youth not engaged in religious programming doing while those activities are going on? Do they have the opportunity to do something other than being locked in their rooms?
- Do youth have books and religious materials in their rooms?
- Do staff provide youth with praise for positive behavior throughout the day? How do staff respond to negative behavior?
- Does the facility have spaces and required accommodations for individuals with mobility limitations and physical disabilities?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff.

- Are staff generally able to follow the schedule?
- Do practices comply with JDAI standards?
- What causes deviations from the schedule?
- What do the youth most like to do? Least like to do?
- What are their recommendations for programming? What would they keep or change?
- What materials do they need to provide successful programming? Do they have everything they need?
- Are youth able to practice the religion of their choice? Do they express need for religious programming they are not receiving? Is there too much demand for certain services that ends up limiting youth's access? Are there any practices in which youth want to engage that are not permitted?
- How do special religious diets work? Are there any problems with consistent delivery?
- Do staff understand the behavior management system? Ask staff to describe the levels, rewards, and sanctions. Do staff have similar answers to how they would be handled? Is there consistency between staff and between units? Do they understand the reasons for encouraging positive behavior?
- Have staff ever encountered youth with physical or intellectual disabilities? How did the facility make appropriate accommodations? What were the accommodations?
- Have staff ever encountered youth with limited English proficiency? How did the facility make appropriate accommodations? What were the accommodations?

Interview youth.

- Do youth report consistent exercise opportunities? How often do they go outside?
- Can they have books in their rooms? Are there reading materials that interest them? What would they want to read that is not available?
- Are there sufficient games and other recreation supplies? Are these supplies shared in a fair manner among youth?
- Do youth report that what you observed during the assessment visit is a reflection of normal activity at the facility? Did staff or administration arrange special activities on the day of the assessment?
- How much time do youth spend in their rooms?
- What happens in a typical day?
- Do they feel that the programming reflects their interests and needs? Is it gender-responsive?
- Are they able to practice the religion of their choice? Any problem receiving religious diets?
- Do volunteers provide programming? If some youth are participating with religious volunteers, what are other youth permitted to do?
- Do youth understand the behavior management system? Is it applied fairly and consistently?
- Do youth feel that positive behavior is encouraged and rewarded? Are the rewards things that youth actually want? Are rewards always available?
- For LEP youth or youth who have family members with limited English proficiency, what type of accommodations has the facility made to address their language needs? Have youth or their family members had access to qualified interpreters? What sort of written translated materials have they been given?
- For youth with disabilities, what type of accommodations has the facility made?

JDAI “How To” Tools: Training and Supervision of Employees

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review written job descriptions and requirements for all positions.

- Do the job descriptions conform to the JDAI standards?
- What are the current staff vacancies, long-term leaves, or workers compensation leave?
- What positions are currently covered by temporary or as-needed staff?

Review personnel files and/or training files. If the files are kept separately, obtain a matched sample of files (i.e., both types of files for specific staff persons).

- Do staff meet the qualifications for the positions they hold?
- Have staff received screenings for infectious and contagious diseases?
- Have staff received background checks? For staff who have been employed for a long time at the facility, is there evidence of a rescreening? For personnel who have been identified in the screening process, what kind of action took place?
- Is there documentation to reflect that the necessary pre-service training requirements have been met? Annual ongoing training requirements?
- Do the files include information about languages that the staff speak in addition to English? What are the language capabilities of staff?
- Do the files include regular performance evaluations?

Review master training plans, files, and training curricula.

- Do these written plans conform to the JDAI standards?
- Does the training provided cover each topic mentioned in the standards? Is each topic covered in sufficient detail to adequately prepare staff?
- Is training provided to all types of facility staff (e.g., food service to direct care staff)?
- Are there training files and curricula for use of force, restraints, and room confinement? Do they conform to the JDAI standards?

- Does the facility offer specialized training to medical staff, mental health staff, and investigators required by PREA and the JDAI standards?
- Does the facility train volunteers and contractors on their obligations under the facility's policies on sexual abuse and sexual harassment prevention, detection, and response?

Review serious incident reports and grievances to identify staff members involved in selected situations. Obtain the specific personnel and/or training files for selected staff persons.

- Has any information about the incident been placed in the personnel or training files (e.g., discipline, additional training, dismissal)?
- Has staff been trained to perform the specific duty involved in the incident or grievance (e.g., de-escalation techniques, restraint procedures, first aid)?

Review staffing schedules, contingency staffing plans, rotation or overtime rosters, as well as shift reports and unit log books for the previous several months.

- Is there a significant use of overtime suggesting a staff shortage? Is there a significant use of part-time or temporary staff?
- Do the staffing schedules reflect the staffing information in the shift reports and unit logs?
- What happens when a staff person calls in sick or takes vacation?

Review unit logbooks.

- What documentation (e.g., signature and date) is there to demonstrate that log books are being monitored by unit supervisors?

Review reports of abuse, neglect, retaliation, or violation of responsibilities.

- Is there documentation that facility staff reported incidents to appropriate parties?
- What was the disposition of the investigations? Did administrators discipline staff for substantiated incidents?

Review quality assurance data and plans.

- What type of information does the administrator review on a regular basis?
- Has the facility established performance goals and do administrators gather and analyze data on whether those goals have been met?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

OBSERVE

Observe the level of staffing in living units at different times of day.

- Does it appear that there are sufficient staff to provide adequate and continuous supervision of the youth?
- In the general population living units, is there a 1:8 ratio of unit staff to youth when youth are awake and a 1:16 ratio when youth are asleep?
- What is the staffing in the more specialized living units (e.g., special handling units)? Does it appear to be sufficient?
- Are female staff always on duty in living units housing girls?
- Do supervisory staff visit the unit and provide active supervision of staff?

Observe staff and youth in specialized units or areas (e.g., special handling units, areas for medical care, facility school, recreation space) and movements of youth from one unit or area to another.

- Are there sufficient staff to provide adequate and continuous supervision of the youth?
- Are there sufficient staff to allow youth to participate in school, recreation and other scheduled programming or provide youth timely access to specialized areas like the area for medical care?

Watch a random sample of security tapes in units where cameras are installed.

- Do staff sleep while on duty?
- Do staff make the required room checks at 15 minute intervals or less?
- Are staff appropriately supervising youth?
- Are supervisory staff visiting units regularly?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth whether staff use profanity, threats, or intimidation.
- Ask youth if they know of other youth who have been physically or sexually abused or harassed at the facility? By staff or youth?
- Ask youth what happens if there is a fight or other disturbance on the unit? Do other staff from other parts of the facility arrive to help?
- Have they ever witnessed an emergency? Were staff prepared to handle it?
- Are youth able to talk with supervisory or management personnel when needed?

Interview all types (e.g., health, education, unit) of staff at the facility.

- Are there sufficient staff available on-site, on-contract, or on-call to meet the needs of the detained population in their particular area (e.g., education, health, janitorial)? What types of additional staffing are needed?
- Are there sufficient staff available 24-hours? Or are some shifts chronically understaffed?
- How do they decide how often to do room checks on youth at risk of suicide or otherwise in need of heightened supervision?
- What happens if a staff member in their area is sick or takes vacation?
- Ask them about the training they received before working at the facility, as well as ongoing training.
- Do staff feel like training is adequate to enable them to do their job properly? What other training would they like to have?
- Do staff receive active, constructive supervision from managers?
- Ask what they would do in a medical or other emergency? Do the answers staff provide match the relevant policies and procedures and any training they were provided?
- How do staff report abuse, neglect, harassment, or retaliation? What are their obligations under mandatory reporting laws? Do staff understand what needs to be reported to whom?

Interview training coordinators and management personnel.

- How is ongoing training integrated into the staff schedules? How do they track compliance with ongoing training requirements?
- What happens to staff who fail to meet expectations?

- How are staff identified as needing additional training in certain areas (e.g., after using improper control techniques)? What is the process for assuring that there is follow through on such training?
- How are staff shortages handled? Are staff ever required to work double shifts?
- How many staff are off work on workers compensation claims and how many claims have been filed in the past year?
- Do staff call in sick more than would normally be expected? (This can be a sign of staff experiencing a great deal of stress in the facility.)
- What, if any, administrative review and analysis is undertaken of incident reports and discipline records (use of force, restraints, room confinement)? Injuries? Suicide attempts? Child abuse reports? Citizen complaints? Grievances?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? Other personnel actions? Additional training?
- What are the facility's performance goals and how is progress towards those goals measured?
- Has the facility conducted an audit for compliance with the PREA standards? If not, what are the plans to do so?

JDAI “How To” Tools: Environment

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review a diagram, blueprint, or schematic of the physical layout of the facility.

Review inspection reports from other agencies (e.g., fire safety, health and sanitation reports).

- Do these documents and reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

Review repair logs and work orders.

- What kinds of repairs are requested?
- Were repairs requested for the problems identified in previous inspections, audits, or accreditation reports?
- Are repairs performed in a timely manner?
- Are there recurrent requests for the same repair? How are those problems remedied?

Review pest control reports.

- Does pest control appear to be a problem in the facility?

Review the janitorial staffing plans and schedules.

- Are there sufficient janitorial and maintenance staff for the size of the facility?
- Do the sanitation plans align with the JDAI standards?

Review food service records, including menus and dietary guidelines.

- Is there variety in the meals?
- Are there separate menus and dietary requirements for youth with special dietary needs?

Review the fire and emergency preparedness plans.

- Do they conform to the JDAI standards?

Review logbooks.

- Is there evidence that fire drills are being conducted on all shifts?

Review search policies and procedures.

- Do they cover each area of the JDAI standards? Do they conform to the JDAI standards?
- If the policies differ from the JDAI standards, inquire what legal guidance was used in drafting the policies. Do the policies comply with applicable law?

Review grievances filed by youth or staff at the facility for the past six months.

- Do youth or staff report problems with sanitation, temperature, clothing, etc.?
- Do youth report problems with searches?

OBSERVE

Observe the grounds of the facility. Walk around the perimeter of the facility, along all sidewalks, including behind buildings.

- Is the landscaping well maintained (e.g., lawns properly watered and mowed, trees and shrubs appropriately pruned and trimmed)?
- Do you see trash or other debris on the grounds?
- Is there graffiti on the walls or windows?
- Do you notice any holes or cracks in walls? Fencing?
- Is there peeling paint?
- Do you notice any broken windows?
- Do you notice any sharp edges on which a youth could be injured?

Observe the entrance and visiting areas of the facility.

- Are search policies clearly posted?
- Are there storage lockers for staff to place personal items prior to entering the secure areas of the facility?

Observe all areas occupied by youth (e.g., classrooms, youth rooms, common areas, admissions areas).

- Are youth allowed to decorate or personalize their rooms? What items are they allowed to keep in their rooms?
- Are there pictures or other decorations on the walls indicating the season, holidays, or student work?
- Are the windows and walls clean and free of graffiti?
- Are there cleaning supplies and protective gear for youth housekeeping chores?
- Is the lighting appropriate for the activities and time of day (e.g., sufficient light to read in school, sufficient light for grooming in bathrooms)?
- Are the temperatures in all areas of the facility (e.g., youth rooms, hallways, common areas, classrooms) appropriate?
- Are there any lights that have burned out and need to be changed?
- Are exits clearly marked and well-lit in case of emergency? Are any exits blocked?
- Where is the fire extinguisher located? Does the documentation indicate the extinguisher has been checked and serviced?
- Do you notice any potential fire hazards (e.g., excess paper, electrical cords)?
- Where is the first aid kit located? Is it fully stocked with non-expired items?
- Is the furniture in good repair and appropriate for youth?
- Are there sufficient chairs and tables for recreational activities?
- Do the mattresses have cracks or holes?
- Does the facility have spaces and required accommodations for individuals with mobility limitations and physical disabilities?

Observe toilet and shower areas, including toilets in youth rooms.

- Are there provisions to provide youth with privacy when using the toilet and shower?
- Is there mold or mildew in the shower and toilet areas?
- Are tiles cracked or broken?
- Are all of the toilets, sinks, and showers properly functioning?
- Is there toilet paper?

- Is the temperature for showers appropriate?
- Any unclean smells?

Observe the food preparation and storage areas.

- Observe the overall cleanliness of the food preparation and storage areas.
- Are there any food safety certificates posted? Are the certificates current or out of date?
- Have the problems identified in the previous inspection reports been remedied?
- Look for evidence of rodent droppings or chewed bags in the food storage areas.
- Do kitchen staff wear hair nets and gloves? Does anyone have persistent cough or another health problem inappropriate for food preparation?
- Do food preparers use sanitary practices? Are hand-washing sinks with soap available? Are food service trays, implements, etc., properly washed and sanitized between uses? Are cleaning rags properly sanitized?
- Is food stored properly? Are the refrigerators and freezers functioning at the correct temperatures?

Observe the entire food delivery process. If the food is prepared off-site, the inspection should start at the moment the food is delivered.

- Does the food (including any special diets) arrive at the appropriate temperature?
- Is food (including any special diets) stored and served at appropriate temperatures?
- Does the quantity of food served equal the amounts necessary for proper nutrition?

Observe laundry facilities.

- Are laundering practices sufficient to destroy bacteria in clothing and linens? Check the practices against recommendations from the manufacturer of the laundry equipment.
- Are laundry staff taking damaged or stained clothing out of circulation?

Observe the interactions between staff and youth.

- Do staff treat youth and other staff with respect?
- Are staff able to control and direct youth without appearing angry, raising their voices, or otherwise appearing hostile?
- Do staff use profanity, name-calling, or slurs around the youth?
- If youth use profanity, name-calling, or slurs, how do staff intervene?

Observe the staff.

- Do staff appear to be friendly and jovial with other staff members?
- If staff wear regular clothes, do staff wear appropriate attire for working with youth?
- Do staff of the opposite gender as youth housed on a unit announce their presence when entering the living area?

Observe the youth.

- Do they wear clothing that is appropriate for their size and season?
- Do youth eat most of the food served to them?
- What is the atmosphere during the meal? Are youth served in a common area or in their rooms? May youth talk to each other during the meal?
- Do youth participate in safe and appropriate housekeeping activities?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth whether staff use profanity, threats, or intimidation.
- Ask youth how staff intervene after other youth have been harassed or bothered.
- Have there been any problems with the food service (e.g., food arrives cold, not enough food, problems receiving special diets consistently)? How would they improve the food?
- Have they ever participated in a fire drill? Do they know what to do in an emergency?
- What types of housekeeping tasks are they asked to perform?
- Have they noticed any insects or rodents?
- How often are they given new clothing and bed linens? Are these items completely clean or do they continue to have stains after they have been laundered?
- How have they been searched (e.g., upon entrance to the facility, room searches, searches after visitation)? Do the searches comply with the facility's policies and relevant law? Has any search seemed unfair? Why? Have they ever been searched by a staff member of the opposite gender?
- How do showers work? Do they have privacy when engaging in activities such as getting dressed and using the restroom?

Interview all types (e.g., health, education, unit) of staff at the facility.

- Ask what they would do in a medical or other emergency. Do the answers staff provide match the relevant policies and procedures of the emergency preparedness plan?
- Have there been any problems with the food service (e.g., food arrives cold, not enough food, lack of special diets)?
- Have they ever participated in a fire drill? What happened? Did they ever exit the building?
- What would they do in an emergency? Do they know where they would go and what their responsibilities would be?
- What types of housekeeping tasks do they ask youth to perform?
- Have they noticed any insects or rodents?
- How often are youth given new clothing and bed linens? Are these items completely clean or do they continue to have stains after they have been laundered?
- How often are youth searched? When, if ever, do staff perform strip searches or body cavity searches? Have staff ever performed or seen cross-gender searches?
- How do showers work? How do staff supervise youth while maintaining privacy when youth are in a state of undress? Do opposite-gender staff ever observe youth who are in a state of undress?

Interview janitorial staff.

- If you have not seen any repair logs previously, ask the staff if they keep any records of what needs to be repaired in the facility.
- What repairs are completed by the facility staff?
- What repairs are handled by outside contracts?
- Are there any persistent problems? How have they been handled?

Interview kitchen staff and/or the persons responsible for food delivery.

- Inquire about how many special diets are being prepared.
- How are they notified of the need for a special diet?
- How do they designate special meals for the appropriate individual?
- Are there any persistent problems? How have they been handled?

JDAI “How To” Tools: Restraints, Room Confinement Due Process, and Grievances

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

Use of Physical Force, Restraints, Chemical Agents, Room Confinement, and Voluntary Time Outs

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review the facility’s policies and procedures on use of physical force, restraints, chemical agents, room confinement, and voluntary time outs.

- Do these policies conform to JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

Review special incident reports for the past year (or at least the last 50 reports) on use of physical force, restraints, chemical agents, room confinement, voluntary time out, and, if not prohibited, room confinement used as a form of discipline.

- Does each report contain all the information required by JDAI standards?
- Does each report contain enough information to provide a reasonable understanding of the entire incident? Does each report include a description of what led up to the incident and what interventions were used to prevent it?
- Did the actions taken by staff and medical and mental health professionals in each incident conform to JDAI standards (e.g., do staff attempt a range of interventions before using force, restraints, or room confinement)?
- Are there any patterns in the incidents (e.g., Do many occur on one unit? Are a small number of staff involved in a large number of incidents? Do the incidents often occur at the same time of day, such as near the end of a shift or on weekends?)?

- If youth were referred to medical or mental health staff, is there an indication that the youth was seen and what findings were made?
- Is there evidence that supervisory staff have reviewed incidents, reports, and provided training or individual guidance to staff as a result of what the reports reveal?

Review unit logs for the dates and times that physical force, restraints, chemical agents, voluntary room time, or room confinement were used. If disciplinary room confinement is not prohibited, review logs of these incidents as well.

- Do they record the incidents that are described in the special incident reports?
- Are the descriptions of the incidents consistent with the descriptions in the special incident reports?
- Do the unit logs show that staff provided one-on-one crisis intervention and observation as provided in the JDAI standards?

Review records of injuries to youth and to staff over the past six months.

- Are medical records consistent with the special incident reports on each incident?
- Are there any patterns in the injuries?

Review logs of periodic checks of youth in restraints or room confinement by staff.

- Where are the logs kept (e.g., taped to the door of the room, at the staff station in the unit, or in the unit log)?
- Do they have the exact time of each check (e.g., 2:14pm), or do they show constant regular intervals (e.g., exactly on the hour, 15 minutes after the hour, 30 minutes after the hour, 45 minutes after the hour, etc.)? (For security reasons, the precise time of each check should not be predictable and should be varied while maintaining appropriate intervals.)
- Do they appear to have been written at different times (e.g., different ink colors, or different handwriting), or do several appear to have been written at one time?

Review records of monitoring of youth in restraints or room confinement by medical and mental health staff.

- Was the timing of the monitoring consistent with JDAI standards?
- Do staff record the observations by medical or mental health staff, any complaints by youth, services provided or actions taken by medical or mental health staff, and follow-up?

Review discipline and due process reports for individual youth pertaining to incidents of use of physical force, restraints, or room confinement. If disciplinary room confinement is not prohibited at the facility, review any due process reports for disciplinary room confinement.

- Are these reports consistent with the special incident reports on the incidents?
- Do the reports conform to JDAI standards for discipline and due process?
- Were staff actions consistent with the descriptions of the incidents in the special incident reports?

Review the orientation handbook provided to youth at admission.

- Is there material in the handbook on use of physical force, restraints, chemical agents, and use of room confinement? If disciplinary room confinement is not prohibited at the facility, is there information on this subject as well? Does the handbook explain when they can be used?
- Is the information consistent with written policies and procedures, and with JDAI standards?

Review records of staff training for the past year.

- Does staff training conform to the JDAI standards (e.g., Standards V(C))?

OBSERVE

Observe interactions between youth and staff.

- Are the interactions tense or relaxed? Are staff supportive of youth or constantly critical? How do youth respond to staff?

Review video recordings of incidents of use of physical force, restraints, chemical agents, and room confinement.

- Did the staff act in accordance with written policies and procedures for use of physical force, restraints, chemical agents, and room confinement?
- Did the staff act in accordance with JDAI standards?

If possible, observe confrontations, arguments, and other incidents of conflict at the facility. Also be sure to visit any disciplinary units.

- Do staff behaviors conform to JDAI standards?

Observe youth in room confinement.

- Are youth in their own rooms or in rooms specifically designated for room confinement?
- How are youth in room confinement treated?
- Does their treatment conform to JDAI standards?
- When is room confinement used? Are youth kept in room confinement for set periods of time (e.g., 30 minutes), or released as soon as they regain self-control?
- What happens when youth need to use the bathroom?
- Are staff monitoring youth in room confinement? How often? What is the nature of the interaction?
- Are medical staff and mental health staff monitoring them? How often? What is the nature of the interaction?

INTERVIEW YOUTH, STAFF, SUPERVISORS, AND ADMINISTRATORS

Interview youth in the facility.

- What is their understanding of when physical force, restraints, chemical agents, and room confinement may be used?
- How did they learn about the policies regarding physical force, restraints, chemical agents, and room confinement?
- Do they understand what a youth in room confinement needs to do to be released from room confinement?
- Have they seen (or been personally involved in) any incidents when physical force, restraints, chemical agents, or room confinement were used? What happened?
- Did staff behavior in the incidents conform to JDAI standards?
- Have they observed any instances that seemed unjust? Get enough description of the time, place, and those involved to be able to follow up on the incident report and discuss with staff and other youth.
- Have they observed any instances where someone was injured? Get enough description of the time, place, and those involved to be able to follow up on the incident report and discuss with staff and other youth.
- What is the longest time they have seen someone in restraints?

Interview direct care staff.

- What is their understanding of when they may use physical force, restraints, chemical agents, and room confinement?

- What training have they had on de-escalation techniques? Do they think the training was sufficient? Effective?
- What training have they had on the use of physical force, restraints, chemical agents, and room confinement? Do they think the training was sufficient? Effective?
- Do they agree with the policies in the facility on de-escalation, use of physical force, restraints, and room confinement?
- Do they understand what a youth in room confinement needs to do to be released from room confinement?
- Do they feel that they can protect themselves adequately while implementing the policies on use of physical force, restraints, and room confinement?
- Do they feel safe dealing with youth in conflict or confrontation situations?
- Have they seen violations of facility policies for use of physical force, restraints, chemical agents, and room confinement? How do they report the violations?
- What challenges do they face in maintaining discipline or controlling youth?
- Have they ever been injured in a crisis intervention? What happened?

Interview medical and mental health professionals

- What is their understanding of facility policies on use of physical force, restraints, chemical agents, and room confinement?
- How did they learn about the policies in the facility?
- Do staff on the units follow facility policies?
- What monitoring do they do on youth in room confinement?
- What reporting do they do on incidents involving use of physical force, chemical agents, restraints, and room confinement?
- Do they see any patterns in confrontations or conflict situations?
- Do they see any patterns in staff responses to confrontations or conflict situations?
- Are they involved in training of staff on how to handle confrontations or conflict situations?
- What procedures do they follow if a youth comes in with an injury “from the shower” and they suspect abuse?
- What injuries have they seen in the past six months in relation to institutional disturbances, or use of force or restraints?

Interview supervisors and the facility administrator.

- How do they monitor use of physical force, restraints, chemical agents and room confinement at the facility?
- Do they believe that unit staff are properly implementing facility policies?
- Are they aware of any training needs in this area?
- What follow-up occurs after incidents of use of force, restraints, chemical agents, or room confinement? What kind of debriefing does the facility conduct with youth and staff after such incidents?

Due Process, Discipline and Corporal Punishment

REVIEW WRITTEN MATERIALS

Review policies and procedures, including any posted materials on rules, sanctions, and disciplinary due process. Review orientation materials given to youth.

- Do these policies comply with JDAI standards?
- Do the written guidelines provide consequences that fit the misbehavior?
- What are the consequences other than disciplinary room confinement?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

Review incident reports and any records of disciplinary due process for at least six months.

- How do staff discipline youth for misbehavior? Does the facility ever use room confinement? For how long?
- If room confinement is not prohibited at the facility, do staff assign room confinement prior to affording youth an opportunity to be heard? For how long?
- Does documentation reflect compliance with due process protections for the youth in situations involving significant loss of privileges, transfer to a housing unit with greater restrictions on programming or privileges, or use of room confinement if it has not been abolished? When does due process occur in relation to the incident?

- Is the documentation consistent with affording basic rights to the youth? (refer to the basic rights listed in the standards)
- Is the person making the disciplinary decision someone neutral (not involved in the incident)?
- Does the documentation show that an appeal process exists and that it is used?

Review living unit logbooks with respect to misbehavior and discipline imposed.

- Do the notations in the logbook match what has been recorded in the incident reports and due process records?
- Is there evidence of group punishment for the acts of one or two youth (beyond what would be expected to restore order after a disturbance)?

Check to see whether there are room check sheets for youth in room confinement, or some other mechanism for documenting room checks.

- Are the forms or other records filled out ahead of time or in such uniform fashion (e.g., exactly every 15 minutes) that there is doubt about their credibility?

OBSERVE

Attend one or more disciplinary hearings.

- Do the hearings show evidence that the facility conforms with the due process protections outlined in the standards?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff.

- What training have they received regarding disciplinary due process? On documentation of disciplinary incidents?
- How do they decide what consequences to impose for particular misbehavior?
- How do youth find out about the disciplinary system?
- When would they give a youth disciplinary due process protections, and how would they do it? What happens to the youth pending the disciplinary hearing?
- What if the youth has limited English-speaking capacity or disabilities requiring assistance with communication?
- If room confinement has not been abolished, what happens in terms of programming, education, and other services when a youth is in room confinement? What rights may be restricted?

- What do they do to check on youth in room confinement?
- What is the longest a youth has been in room confinement? Can they describe what led to the confinement?
- What sanctions other than disciplinary room confinement do staff use to respond to negative behavior?
- What due process protections do youth receive before a significant loss of privileges, before being transferred to a housing unit that imposes greater restrictions on programming or privileges, or before the imposition of disciplinary room confinement if still used at the facility?
- When would they need administrative approval for discipline? How would they get it?
- Do they think the disciplinary system is fair? What would they change about it, if anything?

Interview youth.

- Have they been in trouble in the facility? Have they known others who got into trouble?
- What happened, and what was staff's response?
- If their discipline involved room confinement, what were they told at the time?
- For youth who were placed in room confinement, how long were they confined to their rooms? Did they get to come out for exercise or recreation or both? Receive educational services? Visits? Phone calls? Religious services? Attorney contact? Personal hygiene items, clean clothes, and access to a shower? (refer to the list of basic rights in the instrument)
- For youth who were placed in room confinement, did they have any kind of a hearing or due process (e.g., chance to be informed of what they did wrong, chance to have the matter decided by someone not involved in the incident, chance to give their side of the story)?
- What is the longest any youth has been in disciplinary room confinement? For what?
- Do staff punish the entire living unit for more than a few minutes for the acts of one or two youth? Describe what has happened.
- Do they think the disciplinary system is fair? What would they change about it, if anything?

Interview administrators.

- Under what circumstances are they contacted about a disciplinary incident? What kinds of decisions need administrative approval?
- How are incident reports and disciplinary records collected and stored?
- What, if any, administrative review and analysis is undertaken of incident reports and discipline records?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? What?

Grievance and Reporting Procedures

REVIEW WRITTEN MATERIALS

Review policies and procedures, including any posted materials on grievances and how to file them; review orientation materials given to or shown to youth; review posters and other signs in living units and visitation areas.

- Do these policies comply with JDAI standards?
- Does the grievance form include all the elements in the JDAI standards?
- Do the grievance policies and procedures allow for access to the grievance process by parents, guardians, attorneys, and other third parties?
- Does the facility post signs notifying youth and third parties of their right to file a grievance and explain the ways of doing so?
- Does the facility have at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility? Is the entity able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and willing to allow the youth to remain anonymous upon request?

Review grievances filed for a period of at least six months.

- What kinds of issues are grieved? Are there patterns of grievances about similar matters? How are they resolved?
- Is there a record that matters are investigated, and that the grievance coordinator speaks to the youth, witnesses, and others who would have helpful input on the issue?
- How long does it take for a response? Does this match written policies, and does this seem reasonable given the issue involved?
- Is there an indication that youth are denied the opportunity to grieve particular issues?
- Is the person who responds someone other than the staff involved in the issue forming the basis for complaint?
- Is the grievance response explained to the youth? Is the youth given an opportunity to agree or disagree and make a statement as to any disagreement?
- Have family members, attorneys, and other third parties filed grievances? What documentation have those individuals received in response to their grievances?
- Is there evidence that grievances may be appealed, and that there is a prompt response to appeals?
- Do staff grant youth's requests at least some of the time?

- Is the tone of written responses respectful and fair, especially when the grievance is not found to be warranted?
- Is there an indication that appropriate action was taken as a result of grievances found to be warranted (e.g., staff discipline or counseling, rights restored)?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

OBSERVE

- Are there locked grievance boxes throughout the facility?
- Are blank grievance forms available without having to ask staff (e.g., hanging in an envelope on the wall)?
- Is there information available for third parties in places where they would be likely to see them explaining how to file grievances and report concerns?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff.

- What is the grievance process, and how do youth have access to it?
- How do youth obtain writing implements and forms to submit grievances confidentially?
- Are there things that may not be grieved, and if so, what?

Interview the grievance coordinator.

- What is the role of grievance coordinator? What are the successes, failures, and challenges of the grievance system?
- Is there a process for compiling and analyzing grievances for quality assurance of the grievance process itself, and for addressing problems or issues coming to light through grievances?
- Is the coordinator able to determine whether staff follow through to change matters when a grievance has been granted? For example, if a youth is granted a new pair of shoes that fit, did the youth actually receive the shoes?

- Does the facility have at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility? Is the entity able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and willing to allow the youth to remain anonymous upon request?
- Is there a procedure for handling emergency grievances?
- What is the process for handling grievances that contain allegations of abuse, neglect, harassment, or retaliation?

Interview youth.

- Is there a grievance process in the facility? How does it work? What are the different ways of filing a grievance? How did they find out about it? Does anyone use it?
- Have they ever filed a grievance? Why or why not? What was it about? How was it resolved? Granted? Appealed?
- Do they know anyone else who has filed a grievance? What was it about? How was it resolved? Granted? Appealed?
- Can they get someone to help them with grievances? How does that work?
- What happens when grievances get filed? Who decides grievances?
- Are there some things they are not allowed to grieve? What? How do they know?
- How long does it take to get a response?
- Does the grievance coordinator talk to the youth before deciding? Does the coordinator do any other investigation?
- Do youth get punished for filing grievances? How do they know?
- What happens if the youth is unhappy with the response? Can the youth appeal? How do they do that? Then what happens?
- Do youth feel that the grievance system is fair? Why or why not?

Interview administrators.

- What process exists for review of individual grievances, and at what point in the process does it occur?
- Is there a process for compiling and analyzing grievances for quality assurance of the grievance process itself, and for addressing problems or issues coming to light through grievances?
- What action, if any, has the administrator taken in relation to grievances in the past year?

JDAI “How To” Tools: Safety

NOTE: *Please use this document as a starting point, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS

Review policies and procedures on all safety-related issues (throughout the policy manual), focusing on training, investigations, administrative review, and response.

- Are these policies consistent with JDAI standards on safety?

Review incident reports, grievances, workers compensation claims, child abuse reports, and citizen complaints for a period of at least six months.

- Is there a high incidence of violence, injury, or complaint?
- Is administrative review evident and timely?
- Is there a record of investigation, personnel action, and corrective action where problems were identified?

Review statistical compilations on alleged or actual incidents of sexual abuse or harassment, violence, use of physical force, restraints, chemical agents, and room confinement for a period of at least six months.

- Do problems or use of control measures occur in certain units or at certain times of the day? (You can do interviews about why this occurs.)
- Is there a high incidence of alleged sexual abuse or harassment, violence, use of force, restraints, chemical agents, or room confinement?

Review medical records indicating injuries to youth and staff.

- Is there a high incidence of injury to youth in the facility?
- What is the character of injuries? (e.g., are they related to use of chemical agents, restraints, use of physical force by staff, injuries inflicted by youth on youth?)

Review protocols for allegations of sexual abuse and sexual harassment.

- Do protocols outline where allegations of sexual abuse and sexual harassment of youth and staff should be referred for investigation?
- Does the facility have a protocol outlining how to access emergency medical services for youth who report being recently sexually abused?
- Does the facility have a written plan to coordinate investigations and actions taken by staff, first responders, medical and mental health staff, investigators, and facility administrators in the wake of an allegation of sexual abuse?

- Has the facility secured victim advocacy services from a local rape crisis provider for youth victims of sexual abuse? If the facility did not secure outside victim advocates, did the facility document their unavailability and identify and train staff to serve that role?

Review investigations of reports of abuse, neglect, retaliation, and violation of responsibilities.

- Do investigation reports include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?
- What was the disposition of the investigations? Did administrators discipline staff for substantiated incidents?
- Were incidents involving potentially criminal activity referred to law enforcement?
- Is there documentation that facility staff reported incidents to appropriate parties?

Review audits, inspections, or accreditation reports of assessments conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility, you will want to check to see if any problems previously identified have been remedied.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

OBSERVE

- When you walk through the facility, what is the tension level? For example, when you go down living units hall, are youth angrily banging on their doors, or is there a sense of calm? When you talk with youth and staff, do they seem relaxed, or anxious and worried?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff.

- Are staff ever required to work double shifts? How do they feel about it? Does it affect their performance? Does it affect the safety in the facility? How?
- Do staff call in sick because of stress at work?
- What training have they received on preventing violence or use of physical force, restraint, and room confinement? Do they feel adequately trained on these issues for the job they are expected to do?
- What training have they received on preventing, detecting, and responding to sexual abuse and sexual harassment? What questions did they have after the training? Was the training effective?
- What training have they received with respect to prohibition of verbal abuse or harassment by staff, and interventions when youth abuse or harass other youth?

- What training have they received with respect to prohibition of sexual harassment or conduct by staff and between youth? Specifically with respect to youth who are (or perceived to be) gay, lesbian, bisexual or transgender?
- What would they do if they learned that a youth had been sexually abused or harassed by another staff? By another youth?
- What would they do with a youth who has been the aggressor in harassment or assault of another youth? (To see if the youth is dealt with through a behavior plan, counseling or housing)
- Have they been injured on the job? What happened? What could have prevented it? What about injuries to other staff? To youth?
- What type of support does the facility provide for staff in the wake of a major incident or injury?
- Has anyone ever asked them what could be done to make the facility safer? Was any action taken as a result? What could make the facility safer?
- Do staff feel that there is adequate backup for them in case of an emergency?
- What administrative follow up occurs after a major disturbance or use of physical force?
- On a scale of 1 to 10, how safe is the facility for staff (with 10 being the highest level of safety)? For youth?
- How often do they perform room checks and what do they do?
- What policies, if any, exist on the presence of weapons in the facility? What about dangerous chemicals or objects that could be used as weapons? How are they stored? How are they inventoried?

Interview youth.

- Have they been hurt or injured while in the facility? What happened, and what was the staff members' response?
- Have they seen other youth hurt or injured while in the facility? What happened, and what was staff members' response?
- Are staff aware of youth who may be bullying, threatening, or assaulting other youth? What about sexual harassment or abuse?
- What is staff's response if someone is threatening or harassing another youth?
- Are there staff who are too rough with youth? Describe what the staff have done.
- Are there staff who make sexual remarks or act in a sexually inappropriate way with youth? Describe what has been seen or experienced.
- What can youth do to report youth or staff who are out of line? Have they done this, and with what result?
- Are youth afraid to report misconduct out of fear that there will be retaliation? Why?
- Are gay, lesbian, bisexual, transgender, gender non-conforming, and intersex youth in the facility harassed or subjected to physical assaults? Describe what has been seen or experienced.
- On a scale of 1 to 10, how safe is the facility for youth (with 10 being the highest level of safety)? Do you feel safe?

- Have they ever been restrained or subjected to use of force in the facility? What happened? Were they seen by medical staff during or after the incident? Mental health staff? Was there any other follow up after the incident?
- What is the longest they have been in their room (other than during sleeping hours)? What kinds of checks or monitoring did staff do during that time? How often?
- Has anyone ever asked them what could be done to make the facility safer? Was any action taken as a result? What could make the facility safer?
- Have they ever been transported with adult inmates? What were the circumstances?

Interview administrators.

- How many staff members are off work on workers' compensation claims and how many claims have been filed in the past year?
- Do staff call in sick more than would normally be expected? (This can be a sign of staff experiencing a great deal of stress in the facility.)
- Are staff ever required to work double-shifts? How do they feel about it? Does it affect their performance? Does it affect the safety in the facility?
- Under what circumstances are they contacted about a disciplinary incident? What kinds of decisions need administrative approval?
- How are incident reports and disciplinary records collected and stored?
- What, if any, administrative review and analysis is undertaken of incident reports and discipline records (use of force, restraints, room confinement)? Injuries? Suicide attempts? Child abuse reports? Citizen complaints? Grievances?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? Other personnel actions? Additional training?
- What is the administrator's daily schedule with respect to time on the living units?
- What mechanisms exist to receive input on safety issues from staff? Youth? Families? Juvenile Justice Commissions or other entities with inspection powers?

Interview investigators.

- What type of training did investigators receive to perform their duties?
- What type of notifications do investigators provide to parents or guardians, family members, and attorneys?
- When do investigators refer allegations to outside entities for investigation or prosecution?
- What are the other entities that may conduct investigations at the facility? How does the investigator coordinate with those other entities?
- How are staff and youth protected from retaliation for participating in an investigation or reporting incidents?

JDAI detention facility assessment standards

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Classification and Intake

Detention can be highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.

Key Definitions

AUXILIARY AIDS OR SERVICES (FOR YOUTH WITH DISABILITIES): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

BISEXUAL: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

CONDITIONAL RELEASE: Permission for a youth to depart from secure detention upon the youth's promise to comply with certain rules.

CONFIDENTIAL INFORMATION: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

GAY: A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

GENDER IDENTITY: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

INTERSEX: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

LESBIAN: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

NEED TO KNOW: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (e.g., prior physical or sexual abuse).

QUESTIONING: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

SEXUAL ABUSE: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

SEXUAL HARASSMENT: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

SEXUAL ORIENTATION: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

STATUS OFFENSES: Offenses that would not be crimes if committed by an adult. Depending on the state, this may include being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home, or being beyond the control of parents.

STEP DOWN: Transferred to a less secure setting.

TRANSGENDER: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

UNDOCUMENTED: Not having a lawful immigration status.

A. SPECIFIC DETENTION LIMITATIONS

Standard	Conforms	Does not Conform
1. Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility does not detain status offenders unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act (see 28 CFR § 31.303(f)).	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has written limitations on lower and upper ages for detention in the facility, and the facility does not hold youth age 12 or under.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility does not detain youth who are not alleged to have committed a delinquent or criminal offense, such as abused or neglected youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff do not ask youth about their immigration status.	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff do not detain youth solely because the youth are undocumented.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff do not detain youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their cases dismissed, or finish a period of incarceration).	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff do not admit youth with serious medical or mental health needs, or youth who are severely intoxicated, unless and until appropriate qualified medical or qualified mental health professionals clear them. Staff only admit youth transferred from or cleared by outside medical or mental health facilities if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility does not admit youth whose safety cannot be protected.	<input type="checkbox"/>	<input type="checkbox"/>
8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility's programming can adequately address the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (e.g., if a parent refuses to take the youth home).	<input type="checkbox"/>	<input type="checkbox"/>
B. INTAKE		
1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.	<input type="checkbox"/>	<input type="checkbox"/>
3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, home electronic monitoring).	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility's intake procedures include a process for determining if a youth is limited English proficient (LEP).	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.	<input type="checkbox"/>	<input type="checkbox"/>
7. During intake and throughout a youth's stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth's gender identity for communication within the facility, even if the youth's name has not been legally changed. If staff use a youth's preferred name in communication outside of the facility, they only do so at the youth's request.	<input type="checkbox"/>	<input type="checkbox"/>
C. DETENTION PROCESS		
1. Staff screen youth to identify immediate individual issues that may affect the youth's health or safety, such as intoxication, injury, or suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intake/admission interviews occur in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	<input type="checkbox"/>	<input type="checkbox"/>
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.	<input type="checkbox"/>	<input type="checkbox"/>
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of key staff and roles.	<input type="checkbox"/>	<input type="checkbox"/>
b. Rules on contraband and facility search policies.	<input type="checkbox"/>	<input type="checkbox"/>
c. The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.	<input type="checkbox"/>	<input type="checkbox"/>
e. Access to routine and emergency health and mental health care.	<input type="checkbox"/>	<input type="checkbox"/>
f. Housing assignments.	<input type="checkbox"/>	<input type="checkbox"/>
g. Opportunities for personal hygiene, such as daily showers.	<input type="checkbox"/>	<input type="checkbox"/>
h. Rules on visiting, correspondence, and telephone use.	<input type="checkbox"/>	<input type="checkbox"/>
j. Information and communications that are confidential.	<input type="checkbox"/>	<input type="checkbox"/>
k. Access to education, religious services, programs, and recreation.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
l. Policies on use of physical force, restraints, and room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
m. Emergency procedures.	<input type="checkbox"/>	<input type="checkbox"/>
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	<input type="checkbox"/>	<input type="checkbox"/>
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	<input type="checkbox"/>	<input type="checkbox"/>
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
q. The availability of services and programs in a language other than English.	<input type="checkbox"/>	<input type="checkbox"/>
r. The process for requesting different housing, education, programming, and work assignments.	<input type="checkbox"/>	<input type="checkbox"/>
s. Demonstration of appropriate pat-down and clothing searches. [Also listed at VI(H)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers, and the language spoken in the youth's home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group, and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
II. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.	<input type="checkbox"/>	<input type="checkbox"/>
b. Identification of all vital documents to be translated and into which languages.	<input type="checkbox"/>	<input type="checkbox"/>
c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
d. Identification of reliable translation services.	<input type="checkbox"/>	<input type="checkbox"/>
e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.	<input type="checkbox"/>	<input type="checkbox"/>
f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.	<input type="checkbox"/>	<input type="checkbox"/>
g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.	<input type="checkbox"/>	<input type="checkbox"/>
h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.	<input type="checkbox"/>	<input type="checkbox"/>
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	<input type="checkbox"/>	<input type="checkbox"/>
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.	<input type="checkbox"/>	<input type="checkbox"/>
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	<input type="checkbox"/>	<input type="checkbox"/>

D. POPULATION MANAGEMENT

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of, and reports the following data, disaggregated by race, ethnicity, gender, and status as limited English proficient:	<input type="checkbox"/>	<input type="checkbox"/>
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	<input type="checkbox"/>	<input type="checkbox"/>
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk assessment instrument (RAI) scores and overrides.	<input type="checkbox"/>	<input type="checkbox"/>
d. Admissions to detention.	<input type="checkbox"/>	<input type="checkbox"/>
e. Releases from detention.	<input type="checkbox"/>	<input type="checkbox"/>
f. Average daily population in detention.	<input type="checkbox"/>	<input type="checkbox"/>
g. Average length of stay.	<input type="checkbox"/>	<input type="checkbox"/>

E. CLASSIFICATION DECISIONS

1. Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	<input type="checkbox"/>	<input type="checkbox"/>
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Standard	Conforms	Does not Conform
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:	<input type="checkbox"/>	<input type="checkbox"/>
a. Age;	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender;	<input type="checkbox"/>	<input type="checkbox"/>
c. History of violent behavior;	<input type="checkbox"/>	<input type="checkbox"/>
d. Level of emotional and cognitive development;	<input type="checkbox"/>	<input type="checkbox"/>
e. Current charges and offense history;	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical size and stature;	<input type="checkbox"/>	<input type="checkbox"/>
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	<input type="checkbox"/>	<input type="checkbox"/>
h. Presence of intellectual or developmental disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
i. Physical disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
j. Presence of mental health needs or history of trauma;	<input type="checkbox"/>	<input type="checkbox"/>
k. The youth's perception of his or her vulnerability;	<input type="checkbox"/>	<input type="checkbox"/>
l. Suicide risk;	<input type="checkbox"/>	<input type="checkbox"/>
m. Prior sexual victimization or abusiveness; [See also standard II(A)(5)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	<input type="checkbox"/>	<input type="checkbox"/>
o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth's sexual orientation, gender identity, or gender expression.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Staff do not base housing or programming decisions on race or ethnicity.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, the youth's perception of where he or she will be most secure, and any recommendations from the youth's health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth's safety and physical and emotional well-being.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth's gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>II. The facility develops and implements written policies, procedures, and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973, and any applicable state laws.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. The facility has a process through which youth may request different housing, programming, education, and work assignments.</p>	<input type="checkbox"/>	<input type="checkbox"/>
F. CONFIDENTIALITY		
<p>1. The facility implements appropriate controls on staff's dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth's detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff treat youth's case records, law enforcement records, and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. [See also standard II(I)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	<input type="checkbox"/>	<input type="checkbox"/>
10. Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records.	<input type="checkbox"/>	<input type="checkbox"/>

Health and Mental Health Care

Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of conditions that require prescriptions or place the youth at risk, follow up assessment of identified conditions, care for conditions identified through screening and assessment, and provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.

Key Definitions

CLOSE OBSERVATION: A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

CONFIDENTIAL INFORMATION: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

CONSTANT OBSERVATION: A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

HEALTH ASSESSMENT: A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

HEALTH AUTHORITY: The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health and/or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

INFORMED CONSENT: The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

INTERSEX: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

MENTAL HEALTH ASSESSMENT: A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

NEED TO KNOW: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (e.g., prior physical or sexual abuse).

POST-TRAUMATIC STRESS: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

QUALIFIED MEDICAL PROFESSIONAL: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUALIFIED MENTAL HEALTH PROFESSIONAL: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

RESCUE TOOL: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

SEXUAL ABUSE: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

SEXUAL HARASSMENT: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

SUICIDE RESISTANT: Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

TRANSGENDER: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

TRAUMA: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

UNIVERSAL SAFETY PRECAUTIONS: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

A. SCREENINGS AND REFERRALS

Standard	Conforms	Does not Conform
I. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth's admission. Female health professionals are available to conduct the screening for girls.	<input type="checkbox"/>	<input type="checkbox"/>
a. The medical screening includes questions about:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Current medical, dental, and mental health problems or complaints.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Recent injuries or physical trauma.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Current medications needed for ongoing conditions and other special health needs.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).	<input type="checkbox"/>	<input type="checkbox"/>
(5) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Current gynecological problems and pregnancies.	<input type="checkbox"/>	<input type="checkbox"/>
(8) Names and contact information for physicians and clinics treating youth in the community.	<input type="checkbox"/>	<input type="checkbox"/>
(9) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(H)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
(10) Whether the youth has any current medical problems he or she would like to talk to a doctor about.	<input type="checkbox"/>	<input type="checkbox"/>
b. Observation of:	<input type="checkbox"/>	<input type="checkbox"/>
(i) State of consciousness, sweating, or difficulty breathing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(2) Signs of recent physical trauma, injuries, or other physical problems.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Signs of alcohol or drug intoxication or withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Physical disabilities, including vision, hearing, or mobility limitations.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Signs of intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.	<input type="checkbox"/>	<input type="checkbox"/>
2. A qualified medical professional conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(F)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether the youth has ever attempted or considered suicide.	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input type="checkbox"/>	<input type="checkbox"/>
g. Whether the youth is thinking of hurting or killing himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input type="checkbox"/>
i. Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conduct the mental health screening in a confidential setting upon the youth's admission.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
5. After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's health are immediately referred to a dentist and receive prompt dental care.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(F)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than significant medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. [See also standard I(E)(2)(m).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff document:	<input type="checkbox"/>	<input type="checkbox"/>
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.	<input type="checkbox"/>	<input type="checkbox"/>
c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	<input type="checkbox"/>	<input type="checkbox"/>
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	<input type="checkbox"/>	<input type="checkbox"/>
B. FULL HEALTH ASSESSMENTS		
1. All youth receive a full health assessment soon after admission, and in no case later than one week after admission.	<input type="checkbox"/>	<input type="checkbox"/>
2. A registered nurse, nurse practitioner, physician's assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	<input type="checkbox"/>	<input type="checkbox"/>
3. The full health assessment includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	<input type="checkbox"/>	<input type="checkbox"/>
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. [See also standard II(B)(3)(g).]	<input type="checkbox"/>	<input type="checkbox"/>
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.	<input type="checkbox"/>	<input type="checkbox"/>
j. History of services for intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	<input type="checkbox"/>	<input type="checkbox"/>
l. History of current and previous use of psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>
m. History of traumatic brain injury or seizures.	<input type="checkbox"/>	<input type="checkbox"/>
n. Inquiry about symptoms of post-traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
o. Inquiry about recent injuries or exposure to physical trauma.	<input type="checkbox"/>	<input type="checkbox"/>
p. Inquiry into current self-harming behavior and suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
q. Identification of medical needs related to a youth's identification as transgender or intersex.	<input type="checkbox"/>	<input type="checkbox"/>
r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.	<input type="checkbox"/>	<input type="checkbox"/>
s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	<input type="checkbox"/>	<input type="checkbox"/>
C. MEDICAL SERVICES		
1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualified medical professionals develop service plans for youth with identified medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV. [See also standard II(C)(18)(g).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth have the opportunity to consult with a qualified medical professional every day.	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(G)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has private areas for medical examinations and youth with special medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility does not use health care beds to handle overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>
10. Female health professionals are available for health services for detained girls, including transgender girls.	<input type="checkbox"/>	<input type="checkbox"/>
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.	<input type="checkbox"/>	<input type="checkbox"/>
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures, and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>14. Youth receive comprehensive, evidence-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above. [See also standards II(B)(3)(g) and II(B)(3)(h).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Staff do not automatically segregate youth with HIV.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	<input type="checkbox"/>	<input type="checkbox"/>
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. [See also standard II(C)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	<input type="checkbox"/>	<input type="checkbox"/>
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	<input type="checkbox"/>	<input type="checkbox"/>
21. The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.	<input type="checkbox"/>	<input type="checkbox"/>
22. The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.	<input type="checkbox"/>	<input type="checkbox"/>
23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.	<input type="checkbox"/>	<input type="checkbox"/>
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.	<input type="checkbox"/>	<input type="checkbox"/>

D. MENTAL HEALTH SERVICES

Standard	Conforms	Does not Conform
1. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility's mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of the mental health needs to be addressed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Any medication or medical course of action to be pursued.	<input type="checkbox"/>	<input type="checkbox"/>
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.	<input type="checkbox"/>	<input type="checkbox"/>
d. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).	<input type="checkbox"/>	<input type="checkbox"/>
e. A description of any counseling or psychotherapy to be provided.	<input type="checkbox"/>	<input type="checkbox"/>
f. A determination of whether the type or level of services can be provided in the detention center, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.	<input type="checkbox"/>	<input type="checkbox"/>
g. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.	<input type="checkbox"/>	<input type="checkbox"/>
h. Any necessary modifications to the standard use of force, restraint, and room confinement procedures (e.g., a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.	<input type="checkbox"/>	<input type="checkbox"/>
6. Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.	<input type="checkbox"/>	<input type="checkbox"/>
7. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at V(C)(10).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.	<input type="checkbox"/>	<input type="checkbox"/>
E. DENTAL SERVICES		
I. Youth receive a full dental examination within 30 days of admission by a licensed dentist (and every six months thereafter) unless the facility obtains information that the youth received a dental examination within the previous six months. The examination includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Taking or reviewing the dental history.	<input type="checkbox"/>	<input type="checkbox"/>
b. Charting teeth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Examining hard and soft tissue in the dental cavity with a mouth mirror and explorer.	<input type="checkbox"/>	<input type="checkbox"/>
d. Taking X-rays needed for diagnostic purposes.	<input type="checkbox"/>	<input type="checkbox"/>
e. Documenting the exam in a uniform dental record.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has sufficient service hours of dental services to timely meet the needs of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth have 24-hour access to medical care for emergency dental conditions and transportation to those services, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.	<input type="checkbox"/>	<input type="checkbox"/>
5. Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.	<input type="checkbox"/>	<input type="checkbox"/>
6. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	<input type="checkbox"/>	<input type="checkbox"/>
F. SUICIDE PREVENTION AND RESPONSE		
I. The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(A)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether the youth has ever attempted or considered suicide.	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input type="checkbox"/>	<input type="checkbox"/>
g. Whether the youth is thinking of hurting or killing himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(A)(5)(d).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed care and support plan for the youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility develops and implements written policies, procedures, and actual practices to ensure that:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at V(C)(4)(g)(3).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. The admissions screening addresses suicide risk through interview questions and observation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Qualified mental health professionals evaluate suicide risk.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth has a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.	<input type="checkbox"/>	<input type="checkbox"/>
i. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for close or constant observation.	<input type="checkbox"/>	<input type="checkbox"/>
j. Staff engage youth at risk of suicide in social interaction and do place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	<input type="checkbox"/>	<input type="checkbox"/>
k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked. Youth are not clothed in garments that identify the youth as being on suicide precautions when they are outside of their rooms. Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing.	<input type="checkbox"/>	<input type="checkbox"/>
l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.	<input type="checkbox"/>	<input type="checkbox"/>
m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth's level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.	<input type="checkbox"/>	<input type="checkbox"/>
n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.	<input type="checkbox"/>	<input type="checkbox"/>
o. Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.	<input type="checkbox"/>	<input type="checkbox"/>
p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
7. Rescue tools are available on each living unit. Staff can quickly access the rescue tool and are trained in its use.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.	<input type="checkbox"/>	<input type="checkbox"/>
G. ADMINISTRATION OF PRESCRIPTION MEDICATIONS		
1. Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.	<input type="checkbox"/>	<input type="checkbox"/>
2. Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(C)(5)(d).]	<input type="checkbox"/>	<input type="checkbox"/>
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:	<input type="checkbox"/>	<input type="checkbox"/>
a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintenance of records needed to ensure control of and accountability for medications.	<input type="checkbox"/>	<input type="checkbox"/>
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	<input type="checkbox"/>	<input type="checkbox"/>
e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	<input type="checkbox"/>	<input type="checkbox"/>
f. Requirement of an order by an authorized professional for administration of medication.	<input type="checkbox"/>	<input type="checkbox"/>
g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
h. Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician (e.g., for emergency management of a condition).	<input type="checkbox"/>	<input type="checkbox"/>
i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.	<input type="checkbox"/>	<input type="checkbox"/>
j. Continuity of medication when youth enter and leave the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days. Psychiatrists advise other service providers within the facility, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (separation of medications for external versus internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., autoepinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (e.g., the phone number of poison control).	<input type="checkbox"/>	<input type="checkbox"/>
H. INFORMED CONSENT		
1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(A)(3)(a)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>
4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).	<input type="checkbox"/>	<input type="checkbox"/>
I. CONFIDENTIALITY		
1. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures, and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services, and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA's laws and regulations. [See also standard I(F)(7).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff record medical, mental health, substance abuse, and dental information in individual health and mental health records. Staff treat such information as confidential.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff keep medical, mental health, substance abuse, and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>
J. HEALTH AND MENTAL HEALTH ADMINISTRATION		
1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.	<input type="checkbox"/>	<input type="checkbox"/>
3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	<input type="checkbox"/>	<input type="checkbox"/>
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.	<input type="checkbox"/>	<input type="checkbox"/>
12. All full- and part-time medical and mental health professionals have been trained in:	<input type="checkbox"/>	<input type="checkbox"/>
a. How to detect and assess signs of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
b. How to preserve physical evidence of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.	<input type="checkbox"/>	<input type="checkbox"/>
d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at V(C)(II).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
14. To the extent that the facility's medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	<input type="checkbox"/>	<input type="checkbox"/>
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility offers medical and mental health services to youth free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>
K. DISCHARGE PLANNING		
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>

Access

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and participation of families.

Key Definitions

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

REASONABLE SUSPICION: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

A. MAIL

Standard	Conforms	Does not Conform
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
5. If staff withhold mail for any reason, staff inform the youth, log the date, time, and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	<input type="checkbox"/>	<input type="checkbox"/>

B. TELEPHONE

1. Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.	<input type="checkbox"/>	<input type="checkbox"/>
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Standard	Conforms	Does not Conform
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
3. Calls are available free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	<input type="checkbox"/>	<input type="checkbox"/>
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
7. Youth with hearing impairments or speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth with hearing impairments.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.	<input type="checkbox"/>	<input type="checkbox"/>
C. VISITATION		
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators, and clergy members, and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-friendly visiting spaces, telephone, and mail.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff treat all visitors in a professional manner and with respect.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth have the opportunity to have visits from family members at least twice per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
8. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility does not deny family members visitation solely on the basis of previous incarceration or a criminal record.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.	<input type="checkbox"/>	<input type="checkbox"/>
12. If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice. [See also standard VI(H)(2)(b).]	<input type="checkbox"/>	<input type="checkbox"/>
13. The facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.	<input type="checkbox"/>	<input type="checkbox"/>
14. Entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.	<input type="checkbox"/>	<input type="checkbox"/>
D. ACCESS TO COUNSEL, THE COURTS, AND PUBLIC OFFICIALS		
I. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Staff allow visits from attorneys, paralegals, and other legal support staff such as investigators, experts, and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files).	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff allow attorneys to meet with their clients without delay.	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorneys other than the youth's delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility provides a private room or area that allows for confidential attorney visits.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth's right to counsel.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility provides records to a youth's attorney upon written consent of the youth or a court order appointing the attorney as the youth's counsel.	<input type="checkbox"/>	<input type="checkbox"/>
E. FAMILY ENGAGEMENT		
1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge, when feasible.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility does not bill the youth or his or her family for days in detention or services provided at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
8. Parents, guardians, and other family members are able to register complaints about the treatment of youth. Facility administrators promptly reply to such complaints. The facility makes appropriate arrangements to receive complaints from parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
9. There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
10. Administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.	<input type="checkbox"/>	<input type="checkbox"/>
II. The facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.	<input type="checkbox"/>	<input type="checkbox"/>

Programming

Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior.

Key Definitions

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

MIGRATORY STUDENT: A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

A. EDUCATION

Standard	Conforms	Does not Conform
1. School and facility administrators develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between educators and detention staff to ensure that all youth in the facility have access to an appropriate educational program.	<input type="checkbox"/>	<input type="checkbox"/>
2. At the time of admission, youth receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff use this information to inform initial placement in the facility's educational program.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff request a youth's educational records from his or her prior school, including Individual Education Program (IEP) and 504 plans, within 24 hours of the youth's admission or the next business day, whichever is later.	<input type="checkbox"/>	<input type="checkbox"/>
5. Within five days of admission to the facility, education staff complete a comprehensive assessment of youth's general educational functioning to facilitate placement in an appropriate program. The assessment includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring data, and educational records from the youth's prior school.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction. Detention staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.	<input type="checkbox"/>	<input type="checkbox"/>
8. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>10. The facility school has an adequate number of staff members to meet youth's educational needs. Teacher-student ratios are at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs. Administrators timely replace teachers who retire or transfer. Instructional staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The facility has adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff do not deny youth school or class time based on the failure to provide a substitute teacher.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. The agency operating the facility school has a quality assurance system in place to assess the quality of the school's educational services, including special educational services, and to ensure compliance with state and federal education laws. School administrators review the findings of the assessments and address any deficiencies.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. An accreditation or oversight entity such as a state board of education annually reviews and evaluates the facility's school, and school administrators review the findings and address any deficiencies.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth's receiving school of all credits earned upon the youth's release.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. The facility school has procedures to determine which youth have previously been identified as having disabilities and are in need of special education and related services, and to promptly obtain special education records for such students.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of the IDEA.	<input type="checkbox"/>	<input type="checkbox"/>
c. A current IEP is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not on the convenience of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under the IDEA.	<input type="checkbox"/>	<input type="checkbox"/>
e. The facility school provides special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.	<input type="checkbox"/>	<input type="checkbox"/>
f. Special education staff at the school are certified or credentialed by the state for the services they provide.	<input type="checkbox"/>	<input type="checkbox"/>
g. The facility school holds teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals.	<input type="checkbox"/>	<input type="checkbox"/>
h. The facility school provides related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.	<input type="checkbox"/>	<input type="checkbox"/>
i. The facility school provides transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living.	<input type="checkbox"/>	<input type="checkbox"/>
j. Parents or guardians receive required notices of and participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in the parent or guardian's primary language, unless it is not feasible to do so.	<input type="checkbox"/>	<input type="checkbox"/>
k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
l. The facility school complies with legally required timelines for assessment and IEP development and implementation.	<input type="checkbox"/>	<input type="checkbox"/>
m. The facility school complies with all IDEA requirements for notice and due process.	<input type="checkbox"/>	<input type="checkbox"/>
n. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
18. Students entering with an existing 504 plan receive services that match the plan as closely as possible.	<input type="checkbox"/>	<input type="checkbox"/>
19. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation, and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.	<input type="checkbox"/>	<input type="checkbox"/>
20. All youth attend the regular facility school unless they pose a continuing danger to other youth or staff.	<input type="checkbox"/>	<input type="checkbox"/>
21. School and facility staff follow the school's disciplinary procedures and do not impose the facility's disciplinary sanctions for behaviors that can be handled in class.	<input type="checkbox"/>	<input type="checkbox"/>
22. Staff develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress.	<input type="checkbox"/>	<input type="checkbox"/>
23. Youth who do not attend the regular facility school because of safety or medical reasons receive an education program comparable to youth in other units in the facility in the least restrictive environment possible. Dropped off packets of work without adequate instruction, follow-up, and grading are not sufficient to meet this standard.	<input type="checkbox"/>	<input type="checkbox"/>
24. Suspensions and expulsions from the facility school comply with all state and local requirements.	<input type="checkbox"/>	<input type="checkbox"/>
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
b. If staff suspend youth, they only do so for activity that takes place at school.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.	<input type="checkbox"/>	<input type="checkbox"/>
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.	<input type="checkbox"/>	<input type="checkbox"/>
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
25. School and facility administrators develop and implement policies, procedures, and actual practices that assure that youth can complete any assigned homework.	<input type="checkbox"/>	<input type="checkbox"/>
26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes, and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.	<input type="checkbox"/>	<input type="checkbox"/>
27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth's educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth's immediate enrollment in another appropriate educational placement upon release from the facility.	<input type="checkbox"/>	<input type="checkbox"/>
28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>
29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state, and local laws and policies regarding access to educational records.	<input type="checkbox"/>	<input type="checkbox"/>
B. EXERCISE, RECREATION AND OTHER PROGRAMMING		
1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities. [See also standard IV(E)(5).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility maintains an adequate supply of games, cards, and writing and art materials for use during recreation time.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff, volunteers, contractors, and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic, and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.	<input type="checkbox"/>	<input type="checkbox"/>
7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. "Equivalent" does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility offers special programming for youth who are pregnant and youth who are parents.	<input type="checkbox"/>	<input type="checkbox"/>
9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).	<input type="checkbox"/>	<input type="checkbox"/>
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	<input type="checkbox"/>	<input type="checkbox"/>
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
13. The facility has outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	<input type="checkbox"/>	<input type="checkbox"/>
15. The facility develops and implements written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial, and ethnic backgrounds, experiences, and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff allow youth to keep reading materials in their rooms	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff allow youth to access the library at least once per week.	<input type="checkbox"/>	<input type="checkbox"/>
C. RELIGION		
1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth have the opportunity to meet with religious leaders of their choice.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth receive special diets to accommodate sincerely held religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff permit youth to have religious books and reading materials in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff do not restrict religious practices and materials absent a compelling governmental interest.	<input type="checkbox"/>	<input type="checkbox"/>

D. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

Standard	Conforms	Does not Conform
1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility's system of positive behavior interventions and supports reflects the following principles:	<input type="checkbox"/>	<input type="checkbox"/>
a. The system outlines expectations clearly and using specific examples of positive and negative behavior.	<input type="checkbox"/>	<input type="checkbox"/>
b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff responses to positive behavior are immediate, fair, and proportionate to the behavior.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept, and self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff responses to negative behaviors are immediate, fair, and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. [See also standard I(C)(6)(c).]	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. The facility has a mechanism for quality assurance and oversight of the facility's behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<input type="checkbox"/>	<input type="checkbox"/>
E. YOUTH WITH SPECIAL NEEDS		
1. The facility develops and implements written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities, and services.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. [See also standard IV(B)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility makes appropriate auxiliary aids and services available for youth with hearing impairments in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth's request for particular types of auxiliary aids or services.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth with hearing impairments.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities, and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. [See also standards 1(C)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of a youth's allegation of abuse.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility does not charge for interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>

Training and Supervision of Employees

The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well – through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

Key Definitions

BISEXUAL: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

CONFIDENTIAL INFORMATION: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

EXIGENT CIRCUMSTANCES: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

GAY: A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

GENDER IDENTITY: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

INTERSEX: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

LESBIAN: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

LGBTQI: An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

MECHANICAL RESTRAINT: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

PHYSICAL FORCE: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

POST-TRAUMATIC STRESS: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

QUALIFIED MEDICAL PROFESSIONAL: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUALIFIED MENTAL HEALTH PROFESSIONAL: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUESTIONING: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

RESCUE TOOL: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

SEX TRAFFICKING: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

SEXUAL ABUSE: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

SEXUAL HARASSMENT: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

SEXUAL ORIENTATION: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

TRANSGENDER: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

TRAUMA: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

UNIVERSAL SAFETY PRECAUTIONS: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

A. QUALIFICATIONS FOR INSTITUTIONAL STAFF POSITIONS

Standard	Conforms	Does not Conform
1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written job descriptions and requirements exist for all positions in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:	<input type="checkbox"/>	<input type="checkbox"/>
a. Perform a criminal background records check.	<input type="checkbox"/>	<input type="checkbox"/>
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	<input type="checkbox"/>	<input type="checkbox"/>
c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § II5.317(f)-(h).)	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	<input type="checkbox"/>	<input type="checkbox"/>
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. The facility does not hire or promote anyone who may have contact with youth, and does not enlist the services of any contractor who may have contact with youth who:	<input type="checkbox"/>	<input type="checkbox"/>
a. Has engaged in sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.	<input type="checkbox"/>	<input type="checkbox"/>
c. Has been civilly or administratively adjudicated to have engaged in the activity described above.	<input type="checkbox"/>	<input type="checkbox"/>
9. Facility hiring staff ask all applicants and employees who may have contact with youth directly about previous misconduct described in (8) above. Facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility imposes a continuous affirmative duty upon employees to disclose any of the misconduct described in (8) above.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.	<input type="checkbox"/>	<input type="checkbox"/>
B. STAFFING		
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and access to school programming and other scheduled activities.	<input type="checkbox"/>	<input type="checkbox"/>
2. There is at least a 1:8 ratio of direct care staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. There is at least a 1:16 ratio of direct care staff to youth during the hours that youth are asleep. In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has developed, implemented, and documented a staffing plan. The facility reviews the plan at least annually. The staffing plan includes a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences. The plan provides sufficient staff to avoid involuntary double-shifts and mandated overtime. If the facility routinely relies upon mandated overtime, administrators re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 CFR §§ 115.313(a), (d).)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff do not sleep while on duty.	<input type="checkbox"/>	<input type="checkbox"/>
8. Backup staff support is immediately available to respond to incidents or emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
9. At least one female staff member is on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility has adequate staff with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages.	<input type="checkbox"/>	<input type="checkbox"/>

C. TRAINING FOR INSTITUTIONAL STAFF

Standard	Conforms	Does not Conform
I. Staff possess the information and skills necessary to carry out their duties.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training, while valuable, do not count toward the hours of required training.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility designates a person who is responsible for coordinating staff training activities at the facility. That person has skills in providing or procuring staff training.	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility staff, including but not limited to direct care staff, qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:	<input type="checkbox"/>	<input type="checkbox"/>
a. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.	<input type="checkbox"/>	<input type="checkbox"/>
b. Background characteristics of youth.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Adolescent development for girls and boys, including sexual health and sexual development.	<input type="checkbox"/>	<input type="checkbox"/>
(2) The physical, sexual, and emotional abuse histories of youth and how to understand post-traumatic stress reactions and effectively interact with youth with those histories and trauma-related reactions.	<input type="checkbox"/>	<input type="checkbox"/>
(3) The impact of traumatic events such as exposure to or witnessing severe violence, death, or life-threatening accidents or disasters, on youth development. This includes the impact of incarceration, and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Working with specific populations.	<input type="checkbox"/>	<input type="checkbox"/>
(1) The facility's non-discrimination policy and working with youth in a respectful and non-discriminatory manner.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Signs of mental illness and the needs of and ways of working with youth with mental illness.	<input type="checkbox"/>	<input type="checkbox"/>
(4) The facility's language access policies and plans, including how to access language assistance services for limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls.	<input type="checkbox"/>	<input type="checkbox"/>
(7) How to work and communicate with lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) youth, as well as how to recognize, prevent, and respond to harassment of LGBTQI youth.	<input type="checkbox"/>	<input type="checkbox"/>
d. Positive behavior management, de-escalation techniques, and conflict management.	<input type="checkbox"/>	<input type="checkbox"/>
(1) The facility's positive behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Appropriate sanctions for negative behavior.	<input type="checkbox"/>	<input type="checkbox"/>
(3) How to communicate effectively and professionally with youth.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Conflict management, de-escalation techniques, and management of assaultive behavior. [Also listed at VII(A)(1)(a).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(5) Access to mental health and crisis intervention services for youth.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Alternatives to and the appropriate use of physical force, mechanical restraints, and room confinement. [Also listed at VII(A)(l)(b).]	<input type="checkbox"/>	<input type="checkbox"/>
e. Response to and reporting of child abuse, neglect, and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
(l) Signs and symptoms of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Handling disclosures of victimization in a sensitive manner.	<input type="checkbox"/>	<input type="checkbox"/>
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	<input type="checkbox"/>	<input type="checkbox"/>
(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect, and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)	<input type="checkbox"/>	<input type="checkbox"/>
(l) The facility's policy prohibiting sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical and mental health needs of youth.	<input type="checkbox"/>	<input type="checkbox"/>
(l) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). [Also listed at VI(E)(l6).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(2) Universal safety precautions and response to high-risk bodily fluid spills.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at II(F)(5)(a).]	<input type="checkbox"/>	<input type="checkbox"/>
(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Signs and symptoms of mental illness and emotional disturbance.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.	<input type="checkbox"/>	<input type="checkbox"/>
h. Facility operations and facility emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Staff code of conduct.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Facility operations, security procedures, and safety procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Action required in emergencies, including referral and evacuation policies and procedures. [Also listed at VI(E)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
(4) Fire procedures, including the use of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Facility rules on contraband and prohibited items.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Effective report writing.	<input type="checkbox"/>	<input type="checkbox"/>
(8) Confidentiality of records and limitations on disclosure of confidential information.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Training staff document, through employee signature or electronic verification, that employees received required training.	<input type="checkbox"/>	<input type="checkbox"/>
6. Trainings include proficiency testing to document that employees understand the training they have received.	<input type="checkbox"/>	<input type="checkbox"/>
7. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the facility provides the tools and training necessary for staff to perform these functions effectively.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth. (Additional detail on PREA compliance at 28 CFR § 115.332.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at VIII(D)(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at II(D)(7).]	<input type="checkbox"/>	<input type="checkbox"/>
11. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at II(J)(13).]	<input type="checkbox"/>	<input type="checkbox"/>
12. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management, and quality assurance personnel, as well as audits and other sources, into training plans and curricula.	<input type="checkbox"/>	<input type="checkbox"/>
D. SUPERVISION OF STAFF		
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.	<input type="checkbox"/>	<input type="checkbox"/>
2. Supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from warning other staff members that supervisory rounds are occurring.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff receive regular evaluations for performance, and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Administrators regularly review logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. Administrators provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as re-training.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility administrator annually reviews all facility operating procedures and updates them as needed.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility develops and implements written policies, procedures, and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.	<input type="checkbox"/>	<input type="checkbox"/>
8. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at VIII(D)(2I).]	<input type="checkbox"/>	<input type="checkbox"/>
9. Administrators develop and implement policies, procedures, and actual practices that establish a standard of fair and equitable treatment of all youth.	<input type="checkbox"/>	<input type="checkbox"/>
E. REPORTS OF ABUSE, NEGLECT, RETALIATION, VIOLATION OF RESPONSIBILITIES; INCIDENT REPORTS; AND COMPLAINTS		
1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities. [See also standards VIII(D).]	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility requires staff at the facility to report knowledge, suspicion, or information that they receive regarding child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities to appropriate child protective services and law enforcement agencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff and youth do not experience retaliation for making complaints or reports of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility director reports any allegations of child abuse to parents or guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified), the child welfare system caseworker (if applicable), and the child's attorney or other legal representative. (Additional detail on PREA compliance at 28 CFR § 115.361(e)(3).)	<input type="checkbox"/>	<input type="checkbox"/>
5. Administrators reassign staff who are under investigation for behavior that would constitute sexual harassment, sexual abuse, or child abuse or neglect to a position where they have no contact with youth pending the outcome of an investigation. (Additional detail on PREA compliance at 28 CFR § 115.366.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility develops and implements written policies, procedures, and actual practices to ensure that the facility administrator or designee advises those making complaints of the results of the complaints or child abuse reports that they file.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.	<input type="checkbox"/>	<input type="checkbox"/>
8. If youth report abuse, neglect, or retaliation at a previous placement, staff report that abuse to the appropriate authorities and to the head of the facility where the alleged incident took place. (Additional detail on PREA compliance at 28 CFR § 115.363.)	<input type="checkbox"/>	<input type="checkbox"/>
F. QUALITY ASSURANCE		
1. The facility administrator or his or her designee collects and analyzes accurate and uniform data and reports on major incidents such as violence, use of restraints, use of room confinement, use of physical force, sexual abuse, sexual harassment, attempted and completed escapes, attempted and completed suicides, and serious disease outbreaks. (Additional detail on PREA compliance at 28 CFR §§ 115.387 and 115.389.)	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility administrator or his or her designee reviews the data and reports listed above on a regular basis, at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility administrator convenes a committee to set performance goals and develop quality assurance and improvement plans for the facility. Administrators review and update performance goals and plans on an ongoing basis after major incidents, but no less frequently than once a year. (Additional detail on PREA compliance at 28 CFR § 115.388.)	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility administrator establishes performance goals and collects and analyzes data on whether those goals are met.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility administrator schedules and completes an audit for compliance with the Prison Rape Elimination Act standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of "does not meet standard." (Additional detail on PREA compliance at 28 CFR §§ 115.401-404.)	<input type="checkbox"/>	<input type="checkbox"/>

Environment

Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, has properly functioning temperature controls, light, and ventilation, and offers youth appropriate living conditions. This section also encompasses quality of life issues – assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items; and some measure of privacy.

Key Definitions

CLOTHING SEARCH: Feeling inside pockets and cuffs without removal of clothing from the body.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

EXIGENT CIRCUMSTANCES: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

GENDER IDENTITY: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

INTERSEX: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

NORMAL ADOLESCENT BEHAVIOR: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

PAT-DOWN SEARCH: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

PHYSICAL BODY CAVITY SEARCH: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

QUALIFIED MEDICAL PROFESSIONAL: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUALIFIED MENTAL HEALTH PROFESSIONAL: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

REASONABLE SUSPICION: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

STRIP SEARCH: An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

TRANSGENDER: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

VISUAL BODY CAVITY SEARCH: A visual inspection of the anal or vaginal cavity of an individual.

A. POSITIVE INSTITUTIONAL ATMOSPHERE

Standard	Conforms	Does not Conform
I. All persons in the facility are treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day work with youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.	<input type="checkbox"/>	<input type="checkbox"/>
5. The buildings and grounds are well maintained.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff allow youth to decorate and personalize their own living space.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	<input type="checkbox"/>	<input type="checkbox"/>
8. The décor and programming acknowledge and value the diverse population and interests of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.	<input type="checkbox"/>	<input type="checkbox"/>
10. Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
II. The facility does not shave youth's hair off or require youth to adopt a particular hairstyle.	<input type="checkbox"/>	<input type="checkbox"/>

B. SANITATION

Standard	Conforms	Does not Conform
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. A schedule for cleaning common areas, bathrooms, and showers.	<input type="checkbox"/>	<input type="checkbox"/>
b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.	<input type="checkbox"/>	<input type="checkbox"/>
d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.	<input type="checkbox"/>	<input type="checkbox"/>
4. Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).	<input type="checkbox"/>	<input type="checkbox"/>
7. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>9. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in "dry" rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Youth have adequate time to conduct appropriate hygiene practices.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. The facility is free of insect and rodent infestation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Staff allow youth to take showers every day.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Staff allow youth to brush their teeth after breakfast and dinner.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Staff provide youth with the opportunity to groom themselves before court and other important events.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>19. Staff provide youth with clean bed linens at least once weekly, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
21. Staff sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.	<input type="checkbox"/>	<input type="checkbox"/>
22. Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	<input type="checkbox"/>	<input type="checkbox"/>
C. FOOD		
I. The facility's food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility provides meals stored and served at safe temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility adheres to youth's religious dietary laws and special timing of meals.	<input type="checkbox"/>	<input type="checkbox"/>
8. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	<input type="checkbox"/>	<input type="checkbox"/>
9. Youth may obtain second servings of food.	<input type="checkbox"/>	<input type="checkbox"/>
10. Youth eat meals in a cafeteria or common area.	<input type="checkbox"/>	<input type="checkbox"/>
II. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
12. Youth may talk during meals absent immediate and temporary safety or security reasons.	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.	<input type="checkbox"/>	<input type="checkbox"/>
D. TEMPERATURE, VENTILATION, AND NOISE		
1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.	<input type="checkbox"/>	<input type="checkbox"/>
2. There is adequate ventilation in indoor areas.	<input type="checkbox"/>	<input type="checkbox"/>
3. Noise levels in the facility are comfortable and appropriate at all times.	<input type="checkbox"/>	<input type="checkbox"/>
E. EMERGENCY PREPAREDNESS AND FIRE SAFETY		
1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security emergencies, and medical emergencies. The plan covers:	<input type="checkbox"/>	<input type="checkbox"/>
a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.	<input type="checkbox"/>	<input type="checkbox"/>
c. Agreements with other agencies or departments.	<input type="checkbox"/>	<input type="checkbox"/>
d. Means of transportation to pre-determined evacuation sites and evacuation routes.	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication protocols among staff, as well as with outside agencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
g. Agreements with outside agencies that can provide medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
h. Notification to families.	<input type="checkbox"/>	<input type="checkbox"/>
i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
j. Meeting the needs of limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	<input type="checkbox"/>	<input type="checkbox"/>
l. Documentation that the local fire authority has reviewed the evacuation procedures.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training. [Also listed at V(C)(4)(h)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
3. All occupied areas of the facility have at least two means of egress.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has identification and lighting of all exits, including during emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has smoke alarms in appropriate locations and in working condition.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has a sprinkler system in appropriate locations and in working condition.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
10. Staff are trained to use fire extinguishers and have documentation of such training.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes	<input type="checkbox"/>	<input type="checkbox"/>
a. Documentation of how long it takes to unlock doors and complete the drill process.	<input type="checkbox"/>	<input type="checkbox"/>
b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff identification of emergency keys to unlock doors by touch and by sight.	<input type="checkbox"/>	<input type="checkbox"/>
d. Practice clearing youth from the building at least one time per year.	<input type="checkbox"/>	<input type="checkbox"/>
13. The administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.	<input type="checkbox"/>	<input type="checkbox"/>
14. The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.	<input type="checkbox"/>	<input type="checkbox"/>
15. First aid kits are immediately available and fully stocked with non-expired items.	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility has an automated external defibrillator (AED) on site and staff trained to use it. [Also listed at V(C)(4)(g)(l).]	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility has a plan for handling exposure to high-risk bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff properly store and secure potentially hazardous or flammable items.	<input type="checkbox"/>	<input type="checkbox"/>

F. LIGHTING

Standard	Conforms	Does not Conform
1. Individual rooms have adequate lighting, sufficient for reading.	<input type="checkbox"/>	<input type="checkbox"/>
2. The lights in youth's rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.	<input type="checkbox"/>	<input type="checkbox"/>
3. Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.	<input type="checkbox"/>	<input type="checkbox"/>

G. CLOTHING AND PERSONAL ITEMS

1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth receive outerwear that is appropriate to the season.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility housing units have lockers or other storage for youth's clothing and personal items.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides adequate and culturally appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).	<input type="checkbox"/>	<input type="checkbox"/>

H. SEARCHES

Standard	Conforms	Does not Conform
1. The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. [See also standard VIII(C)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Written procedures address each of the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Intake searches include pat-downs, metal detector, or clothing searches. If the facility permits strip searches upon intake or visual body cavity searches, staff conduct them in accordance with applicable law.	<input type="checkbox"/>	<input type="checkbox"/>
b. When staff search youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously supervised, they do so by a pat-down, metal detector, or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. [See also standard III(C)(I2).]	<input type="checkbox"/>	<input type="checkbox"/>
c. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the youth being searched except when such searches are performed by medical practitioners.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff conducting strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff document and provide written justification for all cross-gender searches.	<input type="checkbox"/>	<input type="checkbox"/>
i. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth's genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. [Also listed at I(C)(6)(s).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff search visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	<input type="checkbox"/>	<input type="checkbox"/>
I. CROSS-GENDER VIEWING AND PRIVACY		
1. The facility enables youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff of the opposite gender of the youth living there announce their presence when entering housing units.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).	<input type="checkbox"/>	<input type="checkbox"/>
J. OVERCROWDING AND ADEQUATE LIVING SPACE		
1. The total population of the facility and the population per unit do not exceed maximum rated capacity.	<input type="checkbox"/>	<input type="checkbox"/>
2. Living units are primarily designed for single occupancy sleeping rooms. If the facility has multiple occupancy rooms, those multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.	<input type="checkbox"/>	<input type="checkbox"/>
3. Rooms are not occupied by more youth than the rated capacity allows.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.	<input type="checkbox"/>	<input type="checkbox"/>
7. Visual alarms are provided in addition to audible alarms.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:	<input type="checkbox"/>	<input type="checkbox"/>
a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them.	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate floor space to permit access to the toilet.	<input type="checkbox"/>	<input type="checkbox"/>
c. Flush valves and faucets that are operable without tight grasping, pinching, or twisting.	<input type="checkbox"/>	<input type="checkbox"/>
d. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.	<input type="checkbox"/>	<input type="checkbox"/>
e. Sinks with sufficient space for use by a youth in a wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:	<input type="checkbox"/>	<input type="checkbox"/>
a. Doorways that are wide enough to permit entry by youth in a wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
b. Floor space that permits movement about the sleeping room and access to each of the room's features.	<input type="checkbox"/>	<input type="checkbox"/>
c. A desk with space for use by a youth in a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
d. A bed of a height that facilitates transfers to and from wheelchairs.	<input type="checkbox"/>	<input type="checkbox"/>
e. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The Prison Rape Elimination Act (PREA) contains two standards on facility planning and upgrades that are not included in this instrument. Facility administrators should be aware of these provisions, which are located at 28 CFR § 115.318.

Restraints, Room Confinement, Due Process, and Grievances

Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section also addresses the facility response to concerns and complaints by youth through an effective grievance process.

Key Definitions

CHEMICAL AGENT: Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

CHEMICAL OR MEDICAL RESTRAINT: A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

HOGTYING: A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

MECHANICAL RESTRAINT: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

NORMAL ADOLESCENT BEHAVIOR: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

PAIN COMPLIANCE TECHNIQUES: Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

PHYSICAL FORCE: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

PROTECTION AND ADVOCACY AGENCY: An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

QUALIFIED MEDICAL PROFESSIONAL: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUALIFIED MENTAL HEALTH PROFESSIONAL: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

ROOM CHECK: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

TRAUMA: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

USE OF PHYSICAL FORCE OR RESTRAINT INCIDENT: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

VOLUNTARY TIME-OUT: A brief period of time in a youth's room or other space at the request of the youth.

A. USE OF PHYSICAL FORCE, RESTRAINTS, AND CHEMICAL AGENTS

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, and the facility's continuum of methods of control. [Also listed at V(C)(4)(d)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for use of physical force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. [Also listed at V(C)(4)(d)(6).]	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures in order to prevent physical harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
d. Only staff specifically trained in the use of physical force and mechanical restraints are permitted to use such techniques or devices. Staff only use approved techniques or devices.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others. Staff may use approved physical force techniques when a youth is engaging in property destruction that involves an imminent threat to the youth's safety or the safety of others.	<input type="checkbox"/>	<input type="checkbox"/>
b. The only mechanical restraints that staff may use in the facility are handcuffs.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff never leave youth who are sleeping in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff never leave youth who are in restraints alone.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility develops and implements written policies, procedures, and actual practices to prohibit:	<input type="checkbox"/>	<input type="checkbox"/>
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of chemical agents, including pepper spray, tear gas, and mace.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of chemical or medical restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of pressure point control and pain compliance techniques at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.	<input type="checkbox"/>	<input type="checkbox"/>
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Restraining youth to fixed objects, including beds or walls.	<input type="checkbox"/>	<input type="checkbox"/>
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	<input type="checkbox"/>	<input type="checkbox"/>
l. Use of belly belts/chains or leg shackles on pregnant girls.	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility staff document all use of physical force or restraint incidents, including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of youth.	<input type="checkbox"/>	<input type="checkbox"/>
b. Date and time physical force or restraints were used on youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Date and time youth were released from restraints.	<input type="checkbox"/>	<input type="checkbox"/>
d. The person authorizing placement of the youth in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. A description of the circumstances leading up to the use of physical force or restraints.	<input type="checkbox"/>	<input type="checkbox"/>
f. The staff involved in the incident.	<input type="checkbox"/>	<input type="checkbox"/>
g. Any youth or staff witnesses.	<input type="checkbox"/>	<input type="checkbox"/>
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>
i. The type of physical force or restraints used and a description of how they were applied.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>6. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(B)(1).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Mental health providers for the facility review incidents, discipline, and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff's response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>

B. ROOM CONFINEMENT

Standard	Conforms	Does not Conform
I. Written policies and procedures in the facility set forth the following principles for the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.	<input type="checkbox"/>	<input type="checkbox"/>
f. While youth are in room confinement, staff follow a protocol that:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Requires staff to secure the approval of increasingly senior administrators as the length of time in room confinement increases.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Clearly describes how and when to involve qualified medical and qualified mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility. [See also standard VII(B)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).	<input type="checkbox"/>	<input type="checkbox"/>
i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff develop special individualized programming for youth with persistent behavior problems that threaten the safety of youth or staff or the security of the facility. Staff do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Development of an individualized plan to improve the youth's behavior, created in consultation with the youth, mental health staff, and the youth's family members.	<input type="checkbox"/>	<input type="checkbox"/>
b. The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.	<input type="checkbox"/>	<input type="checkbox"/>
c. In-person supervision by and interaction with staff members.	<input type="checkbox"/>	<input type="checkbox"/>
d. In-person provision of educational services.	<input type="checkbox"/>	<input type="checkbox"/>
e. Involvement of the youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
f. A guarantee that the youth will not be denied any of his or her basic rights. [See also standard VII(E)(6).]	<input type="checkbox"/>	<input type="checkbox"/>
g. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
4. Designated areas used for room confinement are suicide-resistant and protrusion-free.	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility staff document all incidents in which a youth is placed in room confinement, including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of the youth.	<input type="checkbox"/>	<input type="checkbox"/>
b. Date and time the youth was placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
c. Name and position of the person authorizing placement of the youth in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
d. The staff involved in the incident leading to the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
e. Documentation of required checks of youth at regular but staggered intervals, including the youth's behavior and temperament at each interval.	<input type="checkbox"/>	<input type="checkbox"/>
f. Date and time the youth was released from room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
g. Description of the circumstances leading to the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
i. The incident reports describing the incident that led to the period of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.	<input type="checkbox"/>	<input type="checkbox"/>
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(A)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.	<input type="checkbox"/>	<input type="checkbox"/>

C. VOLUNTARY TIME OUTS

Standard	Conforms	Does not Conform
1. Staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth's request. Youth are not locked in their room or another room when taking a voluntary time out.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>

D. DUE PROCESS AND DISCIPLINE

1. Staff post the rules of the institution in all living units.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility's positive behavior management system. [See also standards IV(D).]	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decision maker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.	<input type="checkbox"/>	<input type="checkbox"/>
a. Significant loss of privileges, such as temporarily suspending a youth's ability to advance to a higher level in the facility's behavior management program or limiting his or her ability to enjoy certain privileges for a period of time.	<input type="checkbox"/>	<input type="checkbox"/>
b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of room confinement for discipline, if it has not yet been abolished.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: [See also standard VII(B)(2)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	<input type="checkbox"/>	<input type="checkbox"/>
b. Full meals and evening snacks.	<input type="checkbox"/>	<input type="checkbox"/>
c. A full complement of clean clothes.	<input type="checkbox"/>	<input type="checkbox"/>
d. Visits with approved visitors and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal hygiene items.	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily opportunity for exercise.	<input type="checkbox"/>	<input type="checkbox"/>
g. Telephone contacts with approved individuals and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
h. The right to receive and send mail.	<input type="checkbox"/>	<input type="checkbox"/>
i. A regular daily education program.	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	<input type="checkbox"/>	<input type="checkbox"/>
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	<input type="checkbox"/>	<input type="checkbox"/>
m. Clean and sanitary living conditions.	<input type="checkbox"/>	<input type="checkbox"/>
n. Access to reading materials.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.	<input type="checkbox"/>	<input type="checkbox"/>
E. CORPORAL PUNISHMENT		
1. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
F. GRIEVANCES AND REPORTING PROCEDURES		
1. The facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	<input type="checkbox"/>	<input type="checkbox"/>
b. Grievance forms use easy-to-understand language and are simple in their design.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Youth are able to report grievances verbally and in writing.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms, and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	<input type="checkbox"/>	<input type="checkbox"/>
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility does not include time limits on when youth can file grievances.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility permits third parties, including family members, attorneys, and outside advocates, to file grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>
13. The facility provides information to third parties on how to submit grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
15. Facility administrators ensure that youth receive no reprisals for using grievance procedures.	<input type="checkbox"/>	<input type="checkbox"/>
16. Facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
17. Facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.	<input type="checkbox"/>	<input type="checkbox"/>
18. Youth receive responses to their grievances that are respectful, legible, and that address the issues raised.	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.	<input type="checkbox"/>	<input type="checkbox"/>
20. If staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.	<input type="checkbox"/>	<input type="checkbox"/>
21. Facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.	<input type="checkbox"/>	<input type="checkbox"/>
22. Facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status, and limited English proficient status for patterns or trends.	<input type="checkbox"/>	<input type="checkbox"/>
23. Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.	<input type="checkbox"/>	<input type="checkbox"/>

Safety

Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct.

Key Definitions

CRISIS INTERVENTION: A means of managing emergency situations.

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

ROOM CHECK: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

SEXUAL ABUSE: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

SEXUAL HARASSMENT: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

TRAUMA: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

A. YOUTH SAFETY

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)	<input type="checkbox"/>	<input type="checkbox"/>
2. All staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>
4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:	<input type="checkbox"/>	<input type="checkbox"/>
a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.	<input type="checkbox"/>	<input type="checkbox"/>
c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.	<input type="checkbox"/>	<input type="checkbox"/>
d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility's approach to preventing, detecting, and responding to such conduct.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.	<input type="checkbox"/>	<input type="checkbox"/>
15. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.	<input type="checkbox"/>	<input type="checkbox"/>

B. STAFF SAFETY

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker's compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma and job stress in a healthy way.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility offers support services to staff who have been injured on the job.	<input type="checkbox"/>	<input type="checkbox"/>
5. Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.	<input type="checkbox"/>	<input type="checkbox"/>

C. WEAPONS AND CONTRABAND

1. The facility has adequate security measures to ensure that youth, staff, and visitors cannot bring weapons or contraband into the facility. [See also standards VI(H).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	<input type="checkbox"/>	<input type="checkbox"/>

D. INVESTIGATIONS

1. The facility's written policies, procedures, and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities. [See also standards V(E).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. The facility's written policies, procedures, and actual practices ensure that allegations of sexual abuse or harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Additional detail on PREA compliance at 28 CFR § 115.322.)	<input type="checkbox"/>	<input type="checkbox"/>
4. For allegations of sexual abuse, the facility transports youth to a location that (Additional detail on PREA compliance at 28 CFR § 115.321):	<input type="checkbox"/>	<input type="checkbox"/>
a. Offers forensic medical examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	<input type="checkbox"/>	<input type="checkbox"/>
b. Employs a uniform evidence collection protocol that is developmentally appropriate for youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Provides youth with victim advocacy services to support the youth through the medical examination and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has written policies, procedures, and actual practices that ensure that staff know what to do if they are the first responders to a crime in order to preserve evidence and protect youth. (Additional detail on PREA compliance at 28 CFR § 115.364.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a written plan to coordinate actions taken in response to alleged sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility administrators.	<input type="checkbox"/>	<input type="checkbox"/>
7. When facility staff conduct their own investigations, they do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. (Additional detail on PREA compliance at 28 CFR § 115.371.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff alleged to be involved in an incident do not conduct the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Investigators gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of abuse involving the suspected perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
10. Facility investigators do not terminate an investigation solely because the source of the allegation recants the allegation or because the alleged abuser or victim departs from the employment or control of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
11. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at V(C)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
13. Facility investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the person’s status as youth or staff. Investigators do not require youth to submit to a polygraph examination or other similar examination as a condition for proceeding with the investigation of such an allegation.	<input type="checkbox"/>	<input type="checkbox"/>
14. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation, or neglect or violation of responsibilities. This includes a failure to report observed misconduct involving these situations by coworkers.	<input type="checkbox"/>	<input type="checkbox"/>
15. Facility investigators document findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	<input type="checkbox"/>	<input type="checkbox"/>
16. When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
17. The agency does not impose a higher standard than a preponderance of the evidence in determining whether allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities are substantiated.	<input type="checkbox"/>	<input type="checkbox"/>
18. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.	<input type="checkbox"/>	<input type="checkbox"/>
19. Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>20. Following a youth's allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the youth's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at V(D)(8).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>22. Following a youth's allegation that he or she has been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever: (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. The facility has written policies, procedures, and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation, and neglect or violation of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>24. The facility has a quality assurance process for its investigations and a system of continuous quality improvement.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Glossary

AUXILIARY AIDS OR SERVICES (FOR YOUTH WITH DISABILITIES): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

BISEXUAL: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

CHEMICAL AGENT: Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

CHEMICAL OR MEDICAL RESTRAINT: A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

CLOSE OBSERVATION: A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

CLOTHING SEARCH: Feeling inside pockets and cuffs without removal of clothing from the body.

CONDITIONAL RELEASE: Permission for a youth to depart from secure detention upon the youth's promise to comply with certain rules.

CONFIDENTIAL INFORMATION: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

CONSTANT OBSERVATION: A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

DEVELOPMENTAL DISABILITY: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

EXIGENT CIRCUMSTANCES: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

GAY: A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

GENDER IDENTITY: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

GUARDIAN: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

HEALTH ASSESSMENT: A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

HEALTH AUTHORITY: The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health and/or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

HOGTYING: A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

INFORMED CONSENT: The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

INTELLECTUAL DISABILITY: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

INTERSEX: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

LESBIAN: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

LGBTQI: An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

LIMITED ENGLISH PROFICIENT (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

MECHANICAL RESTRAINT: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

MENTAL HEALTH ASSESSMENT: A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

MIGRATORY STUDENT: A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

NEED TO KNOW: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (e.g., prior physical or sexual abuse).

NORMAL ADOLESCENT BEHAVIOR: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

PAIN COMPLIANCE TECHNIQUES: Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

PAT-DOWN SEARCH: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

PHYSICAL BODY CAVITY SEARCH: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

PHYSICAL FORCE: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

POST-TRAUMATIC STRESS: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

PROTECTION AND ADVOCACY AGENCY: An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

QUALIFIED MEDICAL PROFESSIONAL: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUALIFIED MENTAL HEALTH PROFESSIONAL: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

QUESTIONING: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

REASONABLE SUSPICION: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

RESCUE TOOL: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

ROOM CHECK: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

SEX TRAFFICKING: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

SEXUAL ABUSE: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

SEXUAL HARASSMENT: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

SEXUAL ORIENTATION: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

STATUS OFFENSES: Offenses that would not be crimes if committed by an adult. Depending on the state, this may include being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home, or being beyond the control of parents.

STEP DOWN: Transferred to a less secure setting.

STRIP SEARCH: An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

SUICIDE RESISTANT: Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

TRANSGENDER: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

TRAUMA: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

UNDOCUMENTED: Not having a lawful immigration status.

UNIVERSAL SAFETY PRECAUTIONS: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

USE OF PHYSICAL FORCE OR RESTRAINT INCIDENT: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

VISUAL BODY CAVITY SEARCH: A visual inspection of the anal or vaginal cavity of an individual.

VOLUNTARY TIME-OUT: A brief period of time in a youth's room or other space at the request of the youth.



THE ANNIE E. CASEY FOUNDATION

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Recommended Framework for Consideration: Michigan Residential Transformation

It has been an honor for the Building Bridges Initiative (BBI) to be part of the review team for the Annie E. Casey Foundation’s Child Welfare Strategy Group’s Rapid Desk Review Process of MI DHHS’ oversight of the safety and quality of Child Caring Institutions (CCI). As part of the review, BBI has developed, this document, Appendix J. This document provides a recommended framework for MI DHHS to consider using with their residential transformation work.

The goals of BBI’s work with this document, Appendix J – this part of the Annie E. Casey Foundation review process - are to provide Michigan DHHS leaders with a framework:

1. For moving towards the elimination of coercive interventions, including restraints, and implementing trauma-informed and responsive practices, for all residential programs, and
2. For implementing practices that align with the research on improving positive long-term outcomes for youth and families post-residential discharge.

This recommended framework is for MI leaders ‘to consider’. External consultants, in a short period of time, may not fully understand the culture, nuances, past learnings, current strengths, needs and plans for the future, state rule requirements and other Michigan specific issues that will inform the framework Michigan leaders will choose to towards achieving the goals above.

The Recommended Framework for Consideration is in four parts:

- I. Background/Building a Foundation of Understanding for Achieving the Goals (pages 3 – 7)
 - See pages 6 and 7 for a summary of foundational elements for systems change for MI residential stakeholders to understand.
- II. A Sample Framework – Recommendations from One Systems Change Expert (pages 8 – 12)
- III. Systems Issues that Impact Achieving the Goals (pages 13 - 21), and
- IV. Ideas for Supporting Providers in the Next Six to Twelve Months (pages 22 - 25).

Please note that the terms ‘residential interventions’ or ‘residential programs’ are used throughout the document when referring to CCIs. The term ‘youth’ is used throughout and refers to children and adolescents.



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This framework for consideration was developed by Beth Caldwell and Dr. Janice LeBel, with input from William Martone, all BBI consultants, and Tim Decker and Felipe Franco from The Annie E. Casey Foundation. Please refer any questions about or requests for further clarification/discussion regarding the recommendations within this Framework for Consideration Appendix to Beth Caldwell (bethanncaldwell@gmail.com).

Thank you for this opportunity to be part of your work to support effective outcomes for youth and families served by Michigan residential programs,

Beth Caldwell and Dr. Janice LeBel – for BBI

Building Bridges Initiative



<http://www.buildingbridges4youth.org/>



Framework for Consideration for Residential Transformation: Part I. Background/Building a Foundation of Understanding for Achieving the Goals

To achieve the goals that MI DHHS leaders have for residential transformation (e.g., moving towards the elimination of coercive interventions, including restraints, and implementing trauma-informed and responsive approaches for all residential programs; and implementing practices that align with the research on improving positive long-term outcomes for youth and families post-residential discharge), MI DHHS leaders may consider putting a focus on:

- 1) Educating and effectively communicating with all MI residential stakeholders, and strengthening DHHS's work towards strong partnerships with MI residential stakeholders,
- 2) Developing a comprehensive and strong community-based system of care, and integrating residential interventions into this system of care,
- 3) Developing a comprehensive plan for preparing and supporting residential programs in achieving the aforementioned goals, which include long-term technical assistance, and
- 4) Identifying a range of short-term technical assistance activities to support residential programs in preparing for the work to achieve the goals.

The work identified above (i.e. the four focus areas above) builds a strong foundation for Michigan residential interventions that are short-term and less likely to utilize coercive interventions, including restraints. Additionally, this strong foundation supports the use of residential practices that correlate to improved positive outcomes for youth and families post-residential discharge. Without this foundation, youth are often 'sent' to residential because there are not sufficient family and community supports, stay in residential for years rather than months, and lose hope for their childhood/adolescence. Often it is these youth, with little or no hope, no viable family resources or meaningful contact, who are restrained.

Over the years, a number of state behavioral health, child welfare and juvenile justice systems have undertaken the hard work and long journey towards preventing and reducing the use of coercive interventions, including restraints. Their journeys have taken many years and not one state oversight agency, that the consultants involved in writing this document are aware of, have achieved elimination across all residential programs in the state. The BBI consultants involved in writing this document have worked with state oversight agencies and/or programs in all 50 states, as well as several countries, on preventing and reducing the use of coercive interventions, including restraints, and overall residential transformation towards improved positive outcomes for youth and families.



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Preventing and reducing the use of restraints is a huge undertaking and will require commitment, passion, perseverance, and knowledge by an entire team of state leaders and residential stakeholder partners, inclusive of youth and families. Many states have started initiatives to prevent and reduce the use of coercive interventions, and then priorities changed, committed leaders left and the initiatives faltered, and gains made on preventing/reducing coercive interventions were lost.

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services, led a four-year eight state evaluation of strategies to reduce the use of coercive interventions, including the use of restraint and seclusion. The states that realized the most success in reducing their numbers were the states with strong state leaders who were committed to and active in the project and provided comprehensive oversight throughout the four years. The most any states reduced the use of coercive interventions, with external expert consultant help, was approximately 78% across all hospital and residential programs involved in the project.

The Massachusetts Department of Mental Health (MA DMH) has been working on their initiative to prevent and reduce the use of coercive interventions, including restraints, for child/adolescent residential programs and psychiatric hospitals for more than 20 years and has reduced by 98%. In addition, at the direction of the Massachusetts Executive Office of Health and Human Services, the Department of Mental Health organized a statewide effort of implementing BBI and the Six Core Strategies© across all seven child-serving state agencies and public/private education. Within the first nine years of working together as a state system, the Commonwealth reduced their use of restraint 74%.

The aforementioned SAMHSA and MA DMH projects, many state oversight agencies, several countries, and many residential programs that have been successful with sustained reduction efforts, have used the evidence-based Six Core Strategies©, a culture change practice framework to prevent/reduce the use of restraints and seclusions and promote trauma-informed care, as a foundation for their prevention and reduction efforts. The Six Core Strategies© are relevant and important for state agency leaders and staff to learn about and focus on. The Strategies are:

1. Leadership Toward Organizational Change
2. Using Data to Inform Practice
3. Workforce Development
4. Family/Youth Inclusion
5. Prevention Tools
6. Rigorous Debriefing.

BBI will forward an article that outlines the Six Core Strategies© as used with residential programs (LeBel, Huckshorn, & Caldwell, 2010).



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All of the Core Strategies© work together to support prevention of the need for restraints. The values that underly the Six Core Strategies© include: youth-guided; trauma-informed and responsive; family-driven; permanency-focused; culturally and linguistically competent; individualized; and strength-based. As Joan Mikula, Commissioner of MA DMH, shared after attending her first Six Core Strategy© training, *“This is not really about reducing restraints, it is about ensuring that family and youth voice are heard and replacing coercive practices with trauma-informed practices.”* Commissioner Mikula ‘hit the nail on the head’. To reduce, and eventually eliminate restraints, state leaders need to focus on providing residential program staff with tools that replace the tools of restraints and other coercive interventions.

State leaders need to provide comprehensive and ongoing technical assistance to residential programs to change philosophies of control and containment and standardized behavioral management approaches to philosophies that are youth-guided, trauma-informed and responsive, family-driven, permanency-focused, culturally and linguistically competent, individualized and strength-based. State leaders need to support program leaders for many years to come in:

- Ensuring authentic youth and family engagement and partnerships through different types of technical assistance (i.e. training and support via Jim Casey Youth Opportunities Initiative and Michigan Youth Opportunity Initiative),
- ensuring that residential staff of all disciplines learn new skills,
- implementing new and improved program practices that align with the research on residential best practices,
- providing staff with understanding of and knowledge about trauma and loss of family and how this impacts the brain and the ability of youth to self-regulate/self-soothe,
- providing staff with the tools to partner with, support and prevent youth dysregulation that leads to restraint, and
- providing programs with expert consultation when programs are struggling supporting a youth and/or family they are serving.

There have been individual residential programs across the country that have been successful at eliminating restraints for different periods of time (i.e. 6 months to 3 years). Many have used the Six Core Strategies© as their framework for their transformation work, or the same or similar strategies. Many began their work to eliminate because they saw that whenever they used restraints, they were actually retraumatizing youth who already had significant histories of trauma and loss. The leaders of these programs are committed to best practice principles. Even three years post elimination, they still seek out external expert technical assistance (TA) when they begin to serve a new youth who has huge dysregulation challenges and they are struggling to not restrain him or her. Their commitment to not re-traumatize youth is unwavering and they seek out and are open to external TA – recognizing



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that although many throughout the country see them as experts because they have gone three years without a restraint - they too sometimes need the help of other experts.

There are other residential programs that have been 'told' by their state oversight agency leaders to either reduce or 'stop' using restraints without a culture change framework and/or technical assistance and support. Without a culture change framework similar to the Six Core Strategies© in place, and without technical assistance, staff are left on their own. Residential staff in programs beginning the transformation process most often do not have the skills and understanding of residential best practices to replace restraints with a range of individualized prevention tools. These programs may resort to increasing their use of police calls, hospitalizations and or increased use of medications; these programs may also see increased incidents of aggression and AWOLs. It is critical that state leaders track data on all of these areas, so they can identify if one coercive intervention (i.e. restraints) is being replaced with other types of restraints (i.e. police calls or increased medications), or an increase in other types of incidents. It is also critical that state leaders use the data they find to inform improved practice – to identify what the TA needs are of different programs so they can improve staff skills and program practices that will result in successfully preventing restraints.

In summary, foundational elements for systems change for all MI residential stakeholders to understand include:

- Preventing and reducing restraints requires an immense amount of time and commitment and hard work of state oversight agency and residential program leaders; working to eliminate restraints requires even more of these attributes.
- This work will be ongoing and has taken other states a minimum of two years to begin to see broad system change in significant reductions of restraints across multiple programs. Working to eliminate may take three to five years to see the same broad systems change. The work must continue for many, many years or congregate care programs will most likely move back to controlling interventions that lead to restraints.
- This work is not about reducing or eliminating restraints; it is about providing a new framework of principles, practices and staff skills that replace the old framework that contributed to restraint use. This work is about preventing restraints through practices that are youth-guided, trauma-informed and responsive, family-driven, permanency-focused, culturally and linguistically competent, individualized and strength-based.
- Family and youth voice, choice and roles are critical for achieving the goals.
- Residential programs will need, for a long period of time, a comprehensive TA package to support their culture change efforts. The Six Core Strategies©, or another



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comprehensive culture change framework with evidence for preventing/reducing restraints, provide a solid foundation for programs seeking true culture change. TA with trauma-informed and responsive approaches will also be needed.

- It is critical that state leaders establish a statewide system to record the use of coercive interventions (e.g., restraints; isolation; arrests; medication restraints; police calls) and other major incidents. The systems must be able to present data using key variables needed for evaluating the data (e.g., age; permanency status; race; gender; etc.). State leaders must then use this data to inform practice improvement. A system with some of these capabilities was established in NY State some 20 years ago, called ARTS (Automated Restraint Tracking System). This system allowed state leaders to set up baseline and improvement targets across the system and within different types of residential programs.

Note: A few of the recommendation in the larger Annie E. Casey Foundation Memo and Recommendation may also be included within the recommendations of this document, Appendix J. Additionally, the recommendations in the main section of the Annie E. Casey Foundation Memo and Recommendation report complement and support the recommendations throughout this Appendix J.

Framework for Consideration for Residential Transformation: Part II.

A Sample Framework – One Expert’s Recommendations for Preparing and Supporting Residential Programs

Dr. Janice LeBel has led the Massachusetts DMH restraint/seclusion prevention initiative for more than 20 years and an Interagency effort for over 10 years to prevent coercive interventions and advance youth-guided, family-driven practice across seven child and family serving state agencies and public/private education, as well as the MA Building Bridges Initiative to transform residential interventions. She has provided technical assistance in both of these areas to many states and countries. She provided the feedback on MI’s licensing and contract documents for this Annie E. Casey Foundation Report (see Appendices B and C), and has many publications on restraint/seclusion prevention/reduction and promotion of trauma-informed care, and the evidence-based Six Core Strategies©. Her recommendations are informed by her extensive knowledge and experience with systems change to achieve the goals of this document follow.

Michigan’s Governor and DHHS leaders have taken impressive steps to mobilize and signal immediate changes needed in restraint practice, residential interventions, and family/permanency efforts. To go further and effect substantive change, residential providers and their programs must be prepared for the systemic turbulence that lies ahead. Key tasks in systems preparation for MI DHHS leaders to take to help minimize the challenge include but are not limited to:

Create the Infrastructure and Set the Direction

- Identify a core team of MI DHHS leaders with policy and fiscal decision-making authority to oversee the transformation effort.
- Require the core team to develop a preliminary action plan to determine the scope of work, intended outcomes, and fiscal resources available to support the effort.
- Plan for a multi-year effort and a commitment to succession planning when core team members turnover.
- Plan for continual pushback and challenge from all constituencies.
- Declare the DHHS fundamental philosophic shift in writing and broadcast the direction systemically to all providers and partners the change in residential service delivery from program-centric service (who we serve, what we do, how we do it, who fits our program/who does not) to youth and family centric service (we serve MI youth/families, we work for them, we adapt to meet their needs, we design interventions to foster success, and residential success is measured post residential intervention as: permanency, stability in the community and educational attainment)



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- Declare the DHHS goals in writing and broadcast systemically to all providers and partners the new goals, timeframes, and dimensions of required change in licensing standards, contracts, policies and procedures, position statements, and require each provider who uses restraint to have an active strategic plan of restraint reduction/prevention, and require that youth in care without a permanent connection has permanency identified as a primary treatment goal, etc.
- Develop a simple action plan in layman's language with concrete action steps, timeframes and goals/objectives for public distribution for transparency and accountability purposes. Develop a quarterly/annual reporting structure to report to all stakeholders on actions taken, results achieved, and current efforts underway.

Build and Mobilize the Coalition

- Start building the coalition with the customers of residential (i.e. youth and families) who are being served by residential programs or have been served, including but not limited to: Family & Youth Peer Partners/family and youth advocacy organizations (e.g. Association for Children's Mental Health; ASK Family Services; Michigan Youth Opportunities Initiative; Youth MOVE Michigan, etc.). Bring 'your customers' into the process and hold 'listening sessions'. Listen to their experiences. Listen to their recommendations. Listen to what helps. Listen to what they need and listen to what they do not want or need. Prepare for potent, painful feedback. After each meeting with this customer advisory group, provide written notes and concrete follow up/action items to demonstrate good faith and clear intent to correct issues/problems.
- Include providers in the change process. Providers who are excluded may thwart, undermine, and rally in protest to proposed changes made. To minimize the development of a 'coalition of the unwilling', bring this constituency into the change process. Solicit their ideas, experiences, recommendations, and willingness to 'pilot' first steps, etc. Establish regular meetings with groups of providers/ trade organizations, etc. together. This will require virtual and in-person meetings (subject to all necessary physical distancing) to solicit their thoughts, solutions, and gauge their willingness to embrace the new direction and changes.
- Identify the 'coalition of the willing' by looking for current exemplar providers and those who are energized and committed to being part of the first wave of change. This coalition of early adopters will raise the practice bar, help carry the message, and pull the field up by modeling and demonstrating improved/preferred practice.



- Educate DHHS/state agency leaders, educate provider leaders, and educate provider Boards of Directors on residential best practice, restraint/seclusion prevention (Six Core Strategies©), urgency to permanency, youth guided/family driven best practice (BBI) and innovations occurring across the county with sustained positive outcomes achieved.
- Identify the metrics of success to be collected, reviewed, and publicly shared as a common dataset for systemic analysis and distribution (e.g. acuity indicators, critical incidents, and restraint/seclusion episodes, duration, injuries, race, gender, staff involved, etc.). Comparative data analysis is key to for outlier identification and swift intervention resulting from acuity.

Educate the Workforce

- Identify the replacement interventions, alternative strategies, and pragmatic methods to teach to staff and replace restraint/seclusion practice.
- Plan a robust technical assistance approach and agenda – in advance of the DHHS declarations - to support new thinking, new learning and new practice. This can be achieved through the development of a pragmatic monthly training calendar to support culture change competency development, new skills and alternative methods of intervention (e.g. sensory-based interventions, social resilience building, etc.). Pay particular attention to the supervisors of direct-care staff and direct-care staff training, as well as clinical staff skills – especially specific to permanency focus and engaging, supporting, partnering with and providing skills for families. Consider a statewide ‘core’ training for all MI direct care staff based on essential core competencies (trauma responsive/strengths based, etc.) with strong customer service values and practices, regardless of setting, with specialty training overlaid for different service types.
- Develop an on-site review and technical assistance process for focused culture/practice change support, particularly for programs in distress who exhibit a ‘post extinction burst’ (meaning, in the wake of restraint elimination efforts, fear compels them to increase restraint use).
- Create in-vivo learning opportunities for direct care staff to visit, observe and learn from more advanced practice programs (low/no restraint services, permanency focused programs, family-centric programs, etc.)



- Establish practice profiles for restraint prevention, permanency, and youth guided/family driven practice and clearly framing ideal, developmental, and unsatisfactory practices
- Teach provider and agency leaders about the business case of restraint prevention/reduction and the economic advantages and the value-added quality enhancement resulting from restraint reduction, violence prevention and youth/family-centric care
- Create workforce support strategies including lower staff/child ratios, relevant training, commitment to core values and operating principles, and continuous quality improvement. Group facilitation, relationship building, conflict resolution, dispute resolution, negotiation, and de-escalation skills are essential. It is also important that staff members view challenging behavior as adaptive skills developed over time by youth to navigate challenges or attempt to meet needs for safety, stability, control, and connectedness.
- Change current behaviorally oriented practices that rely on punishment and disincentives to culturally and linguistically competent and developmentally sensitive, trauma-informed, strength-based, youth-guided and family-centric practices that build resiliency and skills while strengthening relationships so youth can experience healing and stability. When there are clear rewards and incentives built into the approach, staff may drift into coercive and punitive responses to challenging behavior instead of understanding what drives dysregulation and responding with trauma and loss sensitive approaches. In most cases youth will be responsive to group treatment and restorative family-based treatment interventions that meet individual needs.

Promote extensive and engaging educational, arts, cultural and recreational activities that promote youth skills, interests, talents, and passions, and ensure that all youth have ongoing opportunities to engage in these activities in the community with pro-social peers. Build on youth strengths and talents; ensure each youth has a seamless entry into pro-social activities in the community when they return home.

Shift Funds

- Review the array of fiscal strategies and approaches used by different states, agencies, providers to effect substantive programmatic change (See BBI Best Practices in Residential Intervention books 1 & 2)
- Assess utilization of all existing service types and defund under-utilized services.



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- Redeploy fiscal resources from defunded services into residential intervention translation services (e.g. connecting wraparound to residential and community services to foster seamless transitions and prevent 'bounce backs'/hospitalizations; developing new models/service lines to help residential providers transform their business model from 'bricks and mortar' location-based care to permeable services delivered thru outreach into the home, community, and school during and post residential intervention, etc.). This shift is key for providers to learn about to re-invent their services and export residential intervention into the home/community.
- Braid Medicaid and state agency dollars to effectively maximize services, promote continuity of care across levels of intervention and promote shared practices and service advancement.
- Develop new funding streams to support culture change implementation (teaching, training, sensory integration/modulation equipment, occupational therapy consultation, adding service dogs to programming, etc.).
- Develop fiscal enhancements to support preferred practice, e.g. pay a higher bed day rate for low/no restraint use; pay a higher bed day rate for achieving successful and sustained permanency; pay a higher bed day rate for shorter lengths of stay with no replacement post discharge disruptions.

Raise the Bar – Incrementally & Continually

- Inform providers that regulatory/policy changes will be occurring. Establish a timetable of incremental change to help providers prepare for the shifts in practice (staff training, policy updating, form changes, etc.)
- Identify which practices will change quickly, e.g., eliminating involuntary medication, eliminating seclusion, eliminating mechanical restraint, reducing restraint duration timeframes (note: duration parameters should be continually reduced, at least annually). Consider Oklahoma's restraint duration standard for child welfare programs: 5 minutes maximum. Consider Pennsylvania's State Hospital systems' maximum restraint duration: 3 minutes (standing restraint only). Consider the country of Sweden which does not use restraint or seclusion with children.
- Develop and share real-time data to monitor/track progress and target support and assistance as indicated. Data should be captured and shared at the agency level no less than monthly.



Framework for Consideration for Residential Transformation: Part III. Systems Issues that Impact the Goals

Recommendations for the two areas (e.g., educate, communicate, and strengthen partnerships with system stakeholders; and ensure a comprehensive and strong community-based system of care) within the Systems Issues part of the Framework follow. Note that the larger Memo and Recommendations that this document is an Appendix for also include many important system recommendations. Some of these recommendations will be important for MI DHHS to include in their final framework for achieving the aforementioned goals.

1) EDUCATE, COMMUNICATE AND STRENGTHEN PARTNERSHIPS WITH SYSTEM STAKEHOLDERS:

Overview:

Michigan DHHS leaders already work closely with many systems stakeholders and have undoubtedly begun to develop plans to partner with and address the needs of different system stakeholders specific to the aforementioned goals. Below find a listing of some of the system stakeholders that are important for MI DHHS leaders to work with to ensure each gain an understanding about and increases their knowledge about residential best practices that align with the research on preventing restraints and improving outcomes for youth and families post-residential discharge.

It will be important that MI gains the support of the different stakeholders for MI DHHS residential transformation work, especially given the difficult work ahead for residential programs. Residential programs will be asked to change their business models that in some cases have been in place for a hundred plus years (i.e. significantly smaller residential programs focused on the needs of youth with specific needs/challenges and their families). Residential programs will be asked to undergo significant changes in their organizational and program culture and practices. They will need to review, change, improve and implement new practices such as moving away from standardized behavioral systems such as points and level systems to collaborative and individualized practices that are youth-guided, family-driven, permanency-focused, culturally and linguistically competent, strength-based, and trauma-informed and responsive. They will need to move from a focus primarily on working with youth in the residential program to working with youth and families in their homes and communities.

Change is hard for every human being. Other states have found the changes needed to transform residential required hard work for an exceptionally long period of time for many of the residential stakeholders. Some say it is the hardest work they ever did. There is no one-size-fits-all map or step-by-step plan; each state system must adapt to their unique strengths, needs and challenges in their residential transformation journey.



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Educate:

MI DHHS leaders want to imbed an understanding about and commitment to residential best practices throughout the MI residential stakeholder community. This will both ensure support when current MI DHHS leaders work toward systems improvement and residential transformation, but also build a strong stakeholder group that will ensure these practices continue past the current administration – ensuring the safety and efficacy of residential practices for youth and families for many years to come.

BBI has sent MI DHHS leaders the two books on residential best practices (one recently off the press), as well as copies of the BBI Guide, “Implementing Effective Short-term Residential Interventions”. It is highly recommended that these and other BBI resources be shared with key stakeholders to support increasing their understanding and learning about residential transformation. State leaders from other states have provided the BBI books to every residential program leader, many state leaders, and other residential stakeholders as required reading. BBI will send, under separate cover, a BBI document that may support certain stakeholders in increasing their knowledge base, “The Business Case for Preventing and Reducing Restraint and Seclusion Use”. This document shares research about how reducing restraints will save programs monies and improves outcomes for youth served.

It is recommended that MI DHHS leaders also review other BBI documents that may support different stakeholders in understanding how MI can achieve the aforementioned goals. The BBI website (www.buildingbridges4youth.org) provides access to a number of different BBI documents to support education of different residential stakeholders.

For some stakeholders (e.g., residential leaders; DHHS staff) it will also be important to educate them about the evidence based Six Core Strategies©. BBI can also provide MI DHHS leaders with articles to support MI stakeholders knowledge about this important practice framework for preventing/reducing/eliminating restraint. As identified above, see the article attached with this document (LeBel, Huckshorn and Caldwell, 2010).

Communicate:

To strengthen partnerships, MI leaders will need to ensure that they develop effective communication mechanisms and use these mechanisms on a consistent basis throughout their residential transformational efforts. MI has used advisory and workgroups to support implementation of a number of initiatives, currently successfully using these with the implementation of the Family First Services Prevention Act. These types of groups, with family and youth representation, as well as key residential stakeholder representation, will be needed to support effective and regular communication.



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Strengthen Partnerships:

It is recommended that MI DHHS leaders develop plans for educating, communicating with, engaging or strengthening the engagement of the following stakeholders specific to their residential transformation work:

- 1) **Family and Youth Representatives:** Research on working effectively to engage youth and families, clearly points to the need to promote youth and family voice, choice and roles. It is essential that MI DHHS include family and youth representatives on their residential transformation and systems improvement workgroups and formal and informal planning activities.

It is also critical that MI DHHS works to increase partnerships with statewide family and youth organizations (Association for Children’s Mental Health; ASK Family Services; Michigan Youth Opportunities Initiative; Youth MOVE Michigan, etc.). If needed, BBI can support MI DHHS in connecting to these organizations and help identify strong and experienced family and youth voice for planning efforts. There are also national groups that can support MI DHHS in ensuring family and youth voices and input into different areas for residential transformation, such as the Building Bridges Initiative (www.buildingbridges4youth.org) and The Center for Children’s Law and Policy <https://www.cclp.org/>. The Center involves youth, families, and communities in program assessment and improvement efforts. Michigan has the opportunity to build a smaller residential system for child welfare and juvenile justice youth and families, where the voices of those served are front and center in all discussions, including the monitoring of programs.

- 2) **Legislators:** In other states, when legislators have not been educated about the reasons behind systems change and residential transformation efforts, residential stakeholders have asked legislative members to stop reform/improvement efforts. It is imperative that legislators gain understanding about a number of key areas, including: a) the research about how to prevent restraints so that youth are not hurt or die due to a restraint; b) the reason for and research behind residential transformation; and c) hearing about examples of how residential providers in other states, and maybe even in Michigan, have changed their business model and stayed vital and successful as a business. In some cases, program visits to transformed programs in Michigan or other states can be helpful to allow them to experience what’s possible and contrast with what currently exists.
- 3) **Organization CEOs that include Residential Programs, Residential Directors and Leaders and Boards of Directors of Organizations with Residential Programs:** These organization, program and board leaders are one of the most important groups



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to educate, communicate effectively with, partner with, and provide support to. (See Part 2 of this document for more information about how to support this group.) It is ideal to identify early champions – those CEOs and residential directors who have demonstrated full buy-in and commitment to residential transformation, and are respected by their peers, to serve on key workgroups, and to support MI DHHS leaders in bringing all residential leaders on board. This group of residential leaders will need the most education and support.

- 4) **Michigan DHHS Staff:** These include all leaders and staff who oversee child welfare, juvenile justice and behavioral health residential and community programs, and those staff who license and review the programs, conduct investigations of allegations of child abuse/neglect in residential programs, approve or coordinate residential placements, and the caseworkers who place and visit youth in the programs.
- 5) Other Michigan Residential Stakeholders who will require education, communication and partnership building include:
 - Community Program CEOs with a track record of serving and supporting youth in family and community settings who otherwise might require a residential intervention.
 - Other Michigan State Departments that interface with youth and families impacted by residential interventions.
 - Judges, Juvenile Courts, Children’s Attorneys, Child Advocates/MI Legal Advocacy Groups.
 - Educational leaders throughout MI.
 - Michigan Stakeholders Impacted by and Part of Preparation for the Family First Act and QRTPs.
 - MI University Departments, researchers, and professors that interface with MI child welfare, juvenile justice, behavioral health and residential interventions.
 - Staff and reporters from different types of media.
 - Other Michigan Stakeholders identified by MI DHHS leaders.



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2) ENSURING A COMPREHENSIVE AND STRONG COMMUNITY-BASED SYSTEM OF CARE, AND INTEGRATING RESIDENTIAL INTERVENTIONS INTO THIS SYSTEM OF CARE

Michigan leaders have shared an understanding that effective residential interventions rest on a strong community-based system of care. Comprehensive community-based resources and supports prevent unnecessary residential interventions, ensure shorter lengths-of-stay so that children do not grow up in one or more residential programs, provide families and youth with the resources and tools they need to realize reunification, and are aligned with the research on improving long-term positive outcomes post-residential discharge. Additionally, comprehensive community-based systems of care that integrate best practice residential interventions into the system provide a foundation that significantly contributes to restraint prevention/reduction/elimination.

This part of the document will not address data and quality improvement needs; these are addressed within the larger Memo and Recommendations that this document serves as an Appendix. Additionally, this document will not address funding issues for community-based systems of care. There are many ways to fund community-systems of care that MI DHHS leaders are aware of and have utilized. The Building Bridges Initiative has several documents that identify different fiscal mechanisms used to support funding of best practices for residential programs; these will be sent to MI leaders separately. Also see Part II of this document for several funding recommendations.

Priority focus areas to achieve the goals for this framework document (e.g., moving towards the elimination of coercive interventions, including restraints, and implementing trauma-informed and responsive practices, for all residential programs, and implementing practices that align with the research on improving positive long-term outcomes for youth and families post-residential discharge) include the areas listed below. Some of the areas spell out how residential interventions should fit into community systems of care.

1) Urgency and Comprehensive Focus on Permanency:

A youth should never be placed in a residential program as simply a place to live when there is no available family placement. If this does occur, intensive family finding, and youth and family team meetings should commence and persist until a family option is located and the placement is stabilized.

There are states and counties across the country that have put a strong and comprehensive focus on permanency with positive outcomes. MI DHHS should evaluate their permanency efforts for all youth and begin to strengthen their practices. Additionally, it is recommended that MI DHHS promote and support collaborations



between Child Welfare (CW) and Juvenile Justice (JJ) workers with residential programs, addressing challenges and barriers that delay permanency (e.g., giving residential staff permission to ‘mine’ child welfare records for information; addressing privacy laws that cause roadblocks to access; assess if any laws need to be changed; clarification of roles).

The first action step of every residential program for each new youth referred should be to find out about permanency. If a youth has no identified permanency resources, then the first and urgent action of the residential program should be to collaborate with the CW or JJ worker towards permanency. It is also critical to maintain or strengthen a youth’s connection with relative and kin through spending time together frequently, engagement in developing the case/treatment/support plan and providing meaningful external supports and opportunities for the youth. It is exceedingly difficult for youth to be motivated or maintain a sense of hope if he he/she believes that no one cares enough to be family.

All residential programs should have staff trained in a family search and engagement practice model, and all residential staff should understand that the primary goal of residential is to ensure that every youth successfully reunites with family – whether that be biological, adoptive, fictive kin, with the supports in place to ensure that children are raised in homes and not residential programs.

A few best practice family finding examples include the Extreme Recruitment Program in Missouri <https://www.foster-adopt.org/recruitment-programs/#extreme> and the family search and engagement work offered by Plummer Youth Promise <https://plummeryouthpromise.org/>. Both of these approaches place the focus on building connections and supports for youth versus further stigmatizing or try to fix what’s wrong with a young person.

An example of a JJ best practice for ensuring a focus on permanency is from New York City (NYC) where all youth placed through this system reside in small close-to-home child welfare licensed residential programs. NYC Juvenile Justice Case Managers are referred as permanency planning specialists and family team conferences are held every month among all the youth potential sources of support to ensure a permanency focus.

Data dashboards and other reporting mechanisms should be in place so that MI DHHS leaders know at all times how many youths are receiving residential interventions who do not have a permanency resource, their ages, and how long they have been in a residential program without a permanency resource. Ideally, the residential



contracts, should have some fiscal incentive to shorten lengths of stay, work successfully with families in their homes, home schools and communities, and achieve successful permanency in a short period of time.

BBI has developed several BBI permanency documents that address residential roles with permanency and child welfare and residential collaboration; these will be sent to MI DHHS leadership under separate cover.

2) Urgent and Comprehensive Focus on Family Reunification as the Main Goal of Every Residential Intervention:

Ensure that each youth and family who receive residential interventions have treatment, service and support plans that are culturally and linguistically competent, are built on their strengths and put urgent attention to addressing the core issues that prevent the youth from living with family or in a family setting. Completion of program expectations or navigating level or point systems should NEVER be the goal and should NEVER keep a child in a residential program even one day longer. From pre-admission, the focus needs to be on what does the family need and what does the youth need in order to successfully reunify the youth with his/her family. Residential interventions are to serve both youth and families; they are not limited to providing services and supports for youth. In fact, to improve long-term positive outcomes post-residential discharge, residential programs must reframe residential to put as much, if not more, time and attention on engaging, supporting, partnering with, and teaching skills to families.

A number of California programs have used family and youth peer mentors and wraparound approaches to support this focus on working with families in their homes and communities as the most critical part of a residential intervention. This focus must be understood by all MI DHHS leaders and staff who interface with youth and families who may receive a residential intervention, as well as all residential leaders and staff. All disciplines of residential staff will need, and CW and JJ frontline workers will need training and coaching to effectively refocus efforts towards this goal.

3) Residential Interventions are a “Last Resort”:

Ensure that all family/kin and community-based options have been explored and exhausted before a youth and family are referred for a residential intervention. There is not clear research that supports the efficacy of residential programs as effective treatment interventions. There is research that shows that residential interventions can be harmful and even fatal to youth. Different counties in California have successfully stopped placing youth < 13 in residential programs through using a comprehensive approach to addressing family and youth treatment and support needs



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in the community. Many states have significantly reduced the use of residential by attention to the same. MI DHHS should evaluate how residential placement decisions are made and put more 'guardrails' around the approval process. MI DHHS should also assess the reasons that youth and families are not able to live together in the community and systematically begin to address the reasons, fill the gaps, address the needs.

4) **Youth and Families should Receive Residential Interventions as Close to Home as Possible:**

Research is clear that for residential intervention efficacy, the residential programs must work closely with families and support youth and families post-residential discharge. This work is more effective when it occurs in the homes and communities of the families – where staff can work with real issues that can be observed and supported in the living environments. There is emerging data from some programs that youth having daily physical contact with families increases long-term positive outcomes post residential discharge. Some programs have changed their business models to only serve youth and families who live within one to two-hour drive from the program. Other programs have committed to having every child spent time at home every weekend, even when the family home is four hours away from the program. As much as possible, admission to a specific residential program should be made with geography as a key determinant.

5) **Youth should Stay in their Home Schools as much as possible during a residential intervention, and attend public school if the home school is not viable:**

In line with the residential intervention being close to home, success in school, including graduation from high school, is a concerning issue for many youths who receive residential interventions. Supporting youth and families in finding ways to make public education a success, during the residential intervention, is one way to ensure continued educational success post-residential discharge. Former residential youth often complain about the educational experiences they had in residential, not keeping up with their former public-school peers, and not learning the tools to address their learning challenges. Some residential programs have put time, effort and resources into building and maintaining good schools, but the youth are not learning to address the challenges and barriers within their own schools and communities for effective learning. Additionally, ongoing communication and partnerships between the residential teachers with every youth's home school teachers is rarely fully in place. Residential staff are often quite effective in supporting residential youth in public school settings. They often are appreciated by the public



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school teachers and administrators as they end up supporting other youth in the same classrooms as the youth being served by the residential program.

6) Reduce the Number of Beds in Each Residential Program/on Each Residential Campus to no more than 16 – consistent with Family First:

MI is developing PRTFs for youth with no more than 6 to 8 beds. They could do the same for youth served by child welfare and juvenile justice. New Jersey did this throughout their entire state. The more beds in a program, the more likely the program will shift to ‘management’ of youth behaviors, because it is hard to individualize with more than 6 to 8 youth on a unit. The ideal would be no more than two units of 4 to 6 beds. In California, there is a movement to two-bedded programs imbedded in the community. Large residential campuses tend to need to hire staff to ‘manage’ the campus – roving between different units. This is not conducive to individualized care and support.

7) Ensure Robust Aftercare for a Minimum of Six Months, and preferably up to one year for families who need this support:

Residential interventions should be seamless from pre-admission through aftercare. Residential research is clear (Walters and Petr, 2008) that post-residential support in the home and community is critical for successful post-residential outcomes. Consider flexible fiscal models to support residential program staff working with families in their homes and communities from pre-admission through aftercare. BBI will send their document on effective aftercare strategies.

8) Ensure a Robust Array of Community-based Services and Supports in Every Area of the State:

The State of New Jersey spent years developing their community-based system of care, beginning with ensuring that every community had a family support organization. MI should assess if they have the following services in sufficient quantity in every community:

- Family & Youth Support Organizations, with family and youth peer partners
- In-home crisis services and other home-based services
- Kinship/Therapeutic/Treatment foster care
- Supports for kinship and regular foster care
- Mentor programs
- School-based mental health services
- Mental health services, including access to psychiatric services
- Other community-based treatment and support services

Framework for Consideration for Residential Transformation: Part IV.

Ideas for Supporting Providers in the Next Six to Twelve Months

Michigan DHHS leaders will be working with their residential program leaders, with family and youth input, to identify the types of short-term and long-term technical assistance (TA) that will best meet their needs for preparing to strengthen their practices that will lead to preventing and eventually eliminating the use of coercive interventions, including restraints. This planning will also include focus on TA needs for overall residential transformation.

As shared in previous parts of this document, transforming residential (e.g., short-term; focus on permanency and engaging families; promoting family and youth voice, choice and roles; small number of beds; short geographical distance from families) sets a foundation for programs being more likely to prevent, reduce and eventually eliminate restraints. It must be noted that the changes planned will be challenging for many and will require hard work by all MI residential providers. Some of the changes (i.e. small number of beds and geographically close to families) will require both business and practice transformation. This Part IV of Appendix J identifies several short-term technical assistance activities and other considerations for state and residential leaders, and other residential stakeholders, including youth and families, to consider in supporting residential programs to achieve the aforementioned goals.

Funding Considerations:

If needed, BBI can provide MI leaders with guidance in the areas below.

- 1) Plan for funding of family and youth peer partner positions for residential programs.
- 2) Plan for funding of Occupational Therapist (OT) positions, with sensory modulation expertise, for each residential program or contractual monies for residential programs to contract with sensory expert OTs.
- 3) Plan for funding sensory equipment as part of the budgets for residential programs. In one program that uses sensory modulation approaches to support youth in learning to self-soothe/self-regulate, it was found that the units that used and ordered the most sensory supplies every month were the ones not using restraints. Nearly every residential program leader who has significantly reduced the use of coercive interventions has significantly increased their use of sensory modulation approaches and supplies, using with youth, families and staff. Please see the BBI website's Sensory Landing Page: <https://lp.constantcontactpages.com/sh/OXg0gm4>.
- 4) Plan for funding of comprehensive Technical Assistance activities for residential providers.



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Technical Assistance (TA) Considerations:

BBI can coordinate any of the TA activities listed below. BBI maintains consulting relationships with residential program experts across the country, with specialties in many different areas.

- 1) As shared previously, provide educational materials (e.g., the two BBI books; other BBI documents) to all residential program leadership teams.
- 2) Identify MI residential programs with expertise in important transformation areas, and support MI residential expert leaders sharing their journeys, critical elements, lessons learned and how they addressed challenges with other MI residential program leaders.
- 3) Provide either a virtual training and/or individual and/or group virtual TA with residential leaders across the country who have transformed their business models – implementing many of the residential best practices mentioned throughout this document.
- 4) Provide the two-day training on the evidence-based Six Core Strategies© either virtually or, when COVID concerns are over, in-person. Residential program leaders who have eliminated or substantially reduced and sustained the reductions of restraints always serve as faculty for these training events.
- 5) Provide a six to twelve-month Quality Improvement Collaborative (QIC) with a group of MI residential provider leaders who choose to be part of the first wave of transformation. QICs most often include a mix of webinars and virtual TA, pairing each state provider team with an expert team from another state that has expertise in the TA need area identified.
- 6) Provide opportunities for MI residential leaders to have individual virtual TA with leaders from other programs who are further ahead in their transformation efforts in different identified expertise areas.
- 7) Provide opportunities for MI residential leaders to visit other residential programs across the country that are further ahead in their transformation efforts in different expertise areas.
- 8) Decide on TA support for supporting programs in becoming trauma-informed and responsive. NOTE: See section below regarding carefulness with what MI state leaders support in this area.

Trauma-informed Care and Responsiveness:

Residential practices that align with the research on preventing coercive interventions and promoting long-term positive outcomes for youth and families post-residential discharge are built on the principles of youth-guided; trauma-informed and responsive; family-driven; permanency-focused; culturally and linguistically competent; individualized; and strength-

The logo for Building Bridges Initiative features a stylized graphic of three overlapping curved lines in blue and orange, resembling a bridge or a hand. Below the graphic, the text "Building Bridges" is written in a serif font, and "INITIATIVE" is written in a smaller, all-caps sans-serif font below it.

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based. Michigan DHHS leaders want to be very careful to not focus on one or two trauma models and lose sight of the most important focus of permanency and family. A number of state agencies have supported funding for specific trauma models for residential programs and have found that the majority of programs did not sustain reduction of restraints, and several programs increased their use of restraints and coercive interventions. It is very challenging for program staff to focus on all of the requirements of a specific 'model' and to truly engage in skills and practices that are youth-guided, family-driven, permanency-focused, culturally and linguistically competent, individualized, and strength-based. Program leaders often get lost in their 'model' and lose their focus on truly using data to inform practice in a comprehensive and not-model centric manner. The same for debriefing – instead of focusing on a rigorous debriefing process, leaders often debrief primarily against 'model' practices. The issues behind a young person's frustration that lead to challenging emotions and behaviors is often that they are lonely, hopeless, sad – and the 'model' will keep pushing 'model' tools. The intentions of all trauma models are good, but even the best models often move programs away from a focus on permanency and family. The trauma model often becomes just another way to 'fix the youth' within the residential program rather than having a primary focus on providing families the skills and supports to live together successfully in the community. Most evidence-based trauma treatment models were evidenced in the community. Some residential programs have the youth receive trauma treatment in community mental health settings to access evidence-based treatment.

Many trauma models do not have a robust component that teaches families the same skills and practices that are taught to staff and ensures that the model practices and skill requirements are transferable to home; this is important for programs to address. Many trauma models do not consider the trauma and loss that parents and other family members have experienced and may still be experiencing; this is important for program staff to understand and support. Many trauma models have not been evaluated against the needs of individuals from different ethnicities and cultures. Many trauma models have not taken into consideration the needs of youth and families who have experienced poverty, racism, lack of hope and violence in their communities. Consider these areas when deciding about what type of TA to support and which trauma approaches to recommend.

At the same time, it is urgent and critical that all residential programs are truly trauma-informed, and that staff have skills in being trauma responsive to the youth and families. Many of the residential programs that have either eliminated or significantly reduced the use of restraints train their staff in understanding the neurobiology and impact of trauma and loss, and may use elements of different trauma models, but they do not embrace a specific trauma model that is all encompassing. They provide training and certification for their clinical staff on different models (e.g., EMDR; Hearth Math; TFCBT), and support all staff in gaining trauma responsive skills. As shared previously, they often use all of the Six Core



Strategies© to ensure the program is always improving their culture of preventing the need for coercive interventions.

It is recommended that MI state and residential leaders have conversations with residential program leaders who are noted in the country for their success with their reduction/elimination of restraints, and for their promotion of trauma-informed and responsive approaches.

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