

State of Michigan

Office of Children's Ombudsman



**Annual Report
2005-2006**



STATE OF MICHIGAN

JENNIFER M. GRANHOLM
GOVERNOR

OFFICE OF CHILDREN'S OMBUDSMAN
LANSING

VERLIE M. RUFFIN
DIRECTOR

September 2007

The Honorable Jennifer Granholm, Governor
Honorable Members of the Michigan Legislature
Mr. Ismael Ahmed, Director, Michigan Department of Human Services

In accordance with my statutory responsibility as the Children's Ombudsman,
I respectfully submit the 2005-2006 Annual Report.

This report provides an overview of the activities of the Office of Children's
Ombudsman from October 1, 2005 to September 30, 2006, and an analysis of the
complaints received and investigated. In addition to the analysis are recommendations
for positive change in the child welfare system to improve outcomes for children.

The staff of the Office of Children's Ombudsman appreciates the leadership and
support of Governor Granholm, the Michigan Legislature and the Department of
Human Services. Thank you for the opportunity to serve the children of Michigan.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Verlie M. Ruffin'.

Verlie M. Ruffin
Children's Ombudsman

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Mission Statement

The mission of the Office of the Children’s Ombudsman is to assure the safety and well-being of Michigan’s children in need of foster care, adoption and protective services and to promote public confidence in the child welfare system. This will be accomplished through independently investigating complaints, advocating for children, and recommending changes to improve law, policy, and practice for the benefit of current and future generations.

Investigate complaints

Advocate for abused and neglected children

Recommend changes in law, policy, and practice

Improve the child welfare system

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A Message from the Ombudsman

During my first year as Children's Ombudsman, I have had the privilege to meet with and observe the work of many highly skilled and committed Michigan Department of Human Services (MDHS) and private child-placing agency staff who have dedicated their lives to serving abused and neglected children. This committed workforce is among the most remarkable strengths of Michigan's child welfare system, and I have come to appreciate the magnitude and scope of their efforts. Every day and in every county from Keweenaw to Clare to Wayne, caseworkers and supervisors struggle with the profound responsibility for making decisions that may forever change a child's life. They receive harsh and public criticism when the system fails and a child dies, but are rarely praised for the hundreds of decisions that have improved the lives of children.

The OCO's role in Michigan's child welfare system is unique in that no other state agency outside of MDHS has the authority to conduct a comprehensive review of a child's experience while involved in the child welfare system. As an independent oversight agency that investigates how MDHS and private child-placing agencies handle child abuse, neglect, foster care, adoption services and juvenile justice cases, we review agency, court and numerous other documents that show how various parts of the system have an affect on a child's case.

During this reporting period, dozens of children have died in Michigan as a result of abuse or neglect by their parents or caregivers. Countless more were seriously injured, beaten, abandoned, exploited, or deprived of food, shelter, or nurturing. When a child tragedy receives intense media coverage, such as occurred following the deaths of Ricky Holland and Isaac Lethbridge, the weaknesses and challenges of the system are exposed. While unquestionably tragic, highly publicized child deaths provide a rare opportunity for public scrutiny of the child welfare system and often lead to demands for system reform.

An important part of my charge and the OCO's mission is to raise public confidence in the child welfare system. As stated in our mission statement, this is achieved by "independently investigating complaints, advocating for children, and recommending changes to improve law, policy, and practice for the benefit of current and future generations."

The recommendations included in this report are built around themes that arose through the investigation of Ricky and Isaac's experiences in the system, and numerous other children. It is my hope that these recommendations will provide direction to

enhance the ability of MDHS and private agency caseworkers to ensure that children placed in foster and adoptive homes are safe, secure, and thrive. Drawing from the lessons learned from these investigations and my experiences working with children, families, and community systems over the past 30 years, I believe that the following two issues, in particular, must be addressed by the legislature to truly realize gains for children and families:

- Invest in child abuse and neglect prevention. Each year, Michigan spends enormous amounts of private and public money to treat, support, and care for abused and neglected children and their families, but invests very little to prevent it. Building family strengths and reducing the risk factors for maltreatment through early prevention will significantly reduce the need for intervention and its attendant costs.
- Increase staffing resources. My staff has repeatedly found that failure to follow existing laws and policies plague efforts to ensure safety, well-being, and timely permanency for children. Reducing CPS and foster care caseloads by allocating significantly more resources for staffing is crucial to improving practice and decision-making that will ultimately result in better outcomes for children.

Creating and maintaining a child welfare system that is safe for children and focuses on their physical and mental well-being, as well as permanency, is not the job of one agency and cannot be guaranteed by changes in policies or the creation of new laws. We must all work cooperatively. Everyone who is concerned about children must be moved to action before a child's tragic situation makes headline news.

I do not want to give the impression that the child welfare system only improves as a result of tragedies. Efforts are being made across the state by people who care about children and want to make the system better. Although I am encouraged by these collaborative efforts, there is still much work to be done.

During this fiscal year, hundreds of individuals have contacted the ombudsman's office out of genuine concern for the safety or well-being of a child. I am encouraged by the interest and involvement of citizens in the lives of children across the state, whether it has been through teaching, mentoring, supporting, or protecting. In big ways and small, children rely on all of us to keep them safe and nurture them to become happy, healthy adults.

Thank you for your commitment to children. Please feel free to contact me or the OCO staff with any questions you may have as you review this annual report.

Verlie M. Ruffin
Children's Ombudsman

Office of Children's Ombudsman 2005-2006 Annual Report

This annual report describes the work of the Office of Children's Ombudsman (OCO) during the fiscal year October 1, 2005 through September 30, 2006.

Conduct of the Office

Legal Authority

The authority of the OCO as an autonomous state agency emanates from The Children's Ombudsman Act, 1994 Public Act 204 as amended effective January 2005. As outlined in Section 3(1) of the Act, the Office of Children's Ombudsman was established "[a]s a means of effecting changes in policy, procedure, and legislation, educating the public, investigating and reviewing actions of the department, child-placing agencies, or child caring institutions, monitoring and ensuring compliance with relevant statutes, rules and policies pertaining to children's protective services and the placement, supervision, treatment and improving delivery of care of children in foster care and adoptive homes."

Additionally, the Children's Ombudsman Act also gives authority to the OCO to "[p]ursue all necessary action, including but not limited to, legal action, to protect the rights and welfare of a child under the jurisdiction, control, or supervision of the department, the Michigan Children's Institute, the family division of circuit court under section 2(a)(1) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712.2, a child caring institution, or a child placing agency."

Budget

The appropriation for Fiscal Year 2006 was \$1,303,900. The principal expenditures were for personnel, office facilities, and technology. The OCO has 12 full-time employees including the ombudsman, eight investigators, a supervising investigator, and two administrative staff. The OCO has two offices, the main office in Lansing and an office in Detroit.

Multidisciplinary Team

The OCO utilizes a multidisciplinary team approach to case investigations. The investigative team has a wide variety of professional backgrounds and experiences

including protective services, foster care supervision, foster home licensing, law enforcement, law, judicial training, and family support services. Many of the OCO investigators have advanced degrees.

Collaboration

The OCO continues to meet with the Michigan Department of Human Services (MDHS) Office of Family Advocate and Central Office administration to discuss proposed policy changes and concerns the OCO has about specific child welfare issues. The OCO also worked with MDHS on a procedure for obtaining information about the status of a child involved in the juvenile justice system. The information will allow the OCO to decide whether to commence an investigation.

The OCO co-sponsored a conference entitled: Mental Health Needs in Child Welfare: Addressing the Needs of Children and Families. The conference was also co-sponsored by the Governor's Task Force on Children's Justice, MDHS, the Department of Community Health, and the State Court Administrator's Office - Child Welfare Division. An OCO staff member served on the planning committee.

The OCO also collaborated with MDHS on a brochure entitled "A Guide for Caregiving Families." The brochure is provided by agencies to families caring for foster children and contains helpful resource information.

Outreach

OCO staff members serve on numerous committees, such as: the Michigan Chapter of the American Professional Society on the Abuse of Children; the Michigan Court Improvement Project; the Substance Abuse Child Welfare State Team; Statewide Adoption Oversight Committee; Foster Care Supervisory Training Committee; Safe Delivery of Newborns Law Revision Committee; Domestic Violence; Child Support Leadership Council, and the Foster Care Review Board Advisory Committee.

Training

Training continues to be an important means of keeping up to date on child welfare issues. OCO staff participated in more than a dozen training opportunities including the 23rd Annual Michigan Statewide Conference on Child Abuse and Neglect; Mental Health Needs in Child Welfare Conference; Interviewing Children with Disabilities, and an in-service training on guardianship. The ombudsman and some investigative staff members were also presenters at several conferences.

OCO as an Advocate for Children

Children assisted by the OCO

The OCO consistently receives more than 740 complaints per fiscal year concerning approximately 1,300 to 1,400 children with even greater numbers in some years. During a five-fiscal year period, the OCO received 4,101 complaints involving 7,131 children.

Fiscal Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	Totals
Number of Complaints	821	949	801	782	748	4,101
Number of Children	1,350	1,673	1,419	1,393	1,296	7,131

Advocating for children

The OCO's role is unique -- there is no other independent, autonomous state agency with the same statutory authority to investigate the handling of an abused or neglected child's case and provide complainants with the results of the investigation. As an advocate for abused and neglected children, the OCO's mission is to ensure safety, well-being, and permanency by recommending changes in law, policy and practice to improve the child welfare system for the benefit of current and future generations. Each opportunity for the OCO to advocate on behalf of children begins with one case, but the OCO's actions in a single case can have broad impact on the entire child welfare system. This is accomplished by communicating with and/or making recommendations to agencies, state government officials, courts, attorneys, and community-based partners during and after an OCO investigation.

If child safety concerns arise during an OCO investigation, the OCO advocates for the child by immediately submitting a formal Request for Action to MDHS, asking the agency to check on the child, file a court petition requesting removal, or whatever the OCO deems necessary to ensure that the child is safe.

When the OCO is investigating a case where there is current court involvement, advocating for a particular child may also be accomplished by contacting parents' and children's attorneys, law enforcement officials, prosecuting attorneys, medical professionals, or other sources as needed. This provides the OCO with the opportunity to share information (to the extent allowable by law), address concerns, and discuss possible remedies that would affect well-being, safety and permanency.

The OCO annual report is the primary advocacy tool to inform the public, governor and legislature about needed improvements in the child welfare system. Each year the legislature invites the OCO to give testimony on the annual report recommendations which provides an opportunity to advocate in a public forum on issues that affect Michigan's most vulnerable children.

OCO as a voice and resource for the public

The OCO serves as the conduit into the system for individuals who want to voice concerns about the handling of a child's case. Prior to 2005, other than those specific complainants listed in the OCO statute, there was no mechanism for the general public to file a complaint and be eligible to receive information resulting from an investigation. When the Children's Ombudsman Act was amended, it mandated that anyone could file a complaint and receive investigation results. Children's relatives, the media, and concerned citizens have filed complaints with the OCO and were provided with a closing report or letter at the end of the investigation.

The OCO is not authorized to investigate every complaint it receives because many concern matters that are outside the OCO's statutory jurisdiction. However, the OCO is responsive to those complainants whose issues are not eligible for investigation. As part of the OCO's responsibility to educate the public, the OCO devotes a significant amount of time and energy explaining the laws, rules and policies that govern the child welfare system. When appropriate, the OCO provides information or advice, referrals on how to get concerns addressed, or serve as the "middleman" between a complainant and an agency. The OCO strives to assist everyone who contacts the office for help.

The OCO brochure was updated this fiscal year to include more information about the office. The OCO website is a public resource that provides links to child-welfare related websites.

Procedural improvements to better assist children

The OCO's computer database was updated to more efficiently compile statistical data such as separate statistics for both MDHS and private child-placing agencies.

Another 2005 amendment to the Children's Ombudsman Act authorizes the OCO to investigate juvenile justice cases. This legal authority only extends to cases involving MDHS. In Michigan, juvenile justice cases are generally handled by the courts and MDHS. However, Wayne County handles its own juvenile justice cases. The OCO is working with the DHS Office of the Family Advocate and with the Wayne County Department of Children and Family Services on a Memorandum of Understanding that outlines the process for the OCO to obtain information about state and Wayne County youths who are the subject of complaints filed with the OCO.

Complaint Analysis

The primary focus of the OCO is to investigate complaints regarding children involved in the child welfare system because of abuse and neglect.

748 calls, letters, email messages and faxes were received involving 1,296 children from 69 of Michigan's 83 counties.¹

Complaint Sources

The Children's Ombudsman Act gives the Ombudsman discretionary authority to be a complainant on a case in addition to describing two distinct categories of complainants. Section 4 of the statute allows any individual to file a complaint and in Section 5, complainants are listed. Those specifically listed are:

- a) The child, if he or she is able to articulate a complaint.
- b) A biological parent of the child.
- c) A foster parent of the child.
- d) An adoptive or prospective adoptive parent of the child.
- e) A legally appointed guardian of the child.
- f) A guardian ad litem of the child.
- g) An adult who is related to the child within the fifth degree by marriage, blood, or adoption.
- h) A Michigan legislator.
- i) An individual required to report child abuse or child neglect under Section 3 of the Child Protection Law.
- j) An attorney for any individual in subdivisions (a) to (g).

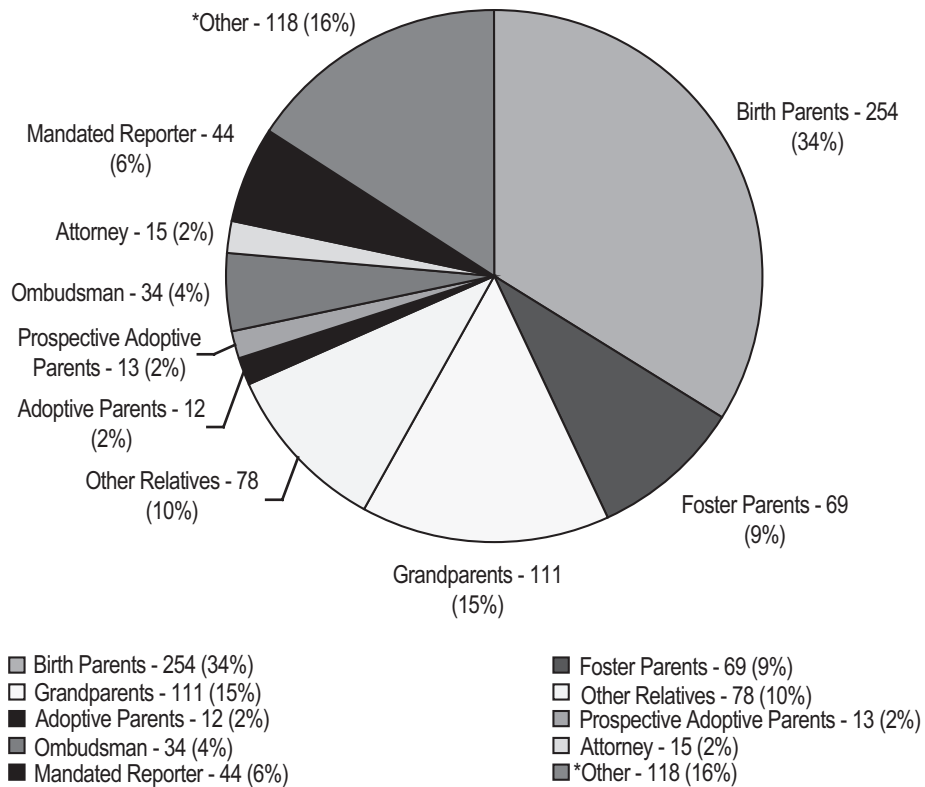
Confidentiality

The identity of complainants is kept confidential unless the complainant gives the OCO specific permission to disclose his or her identity. The Children's Ombudsman Act requires that OCO's investigative records be kept confidential, are exempt from disclosure under the Freedom of Information Act and are not subject to court subpoena

¹ The OCO is working on a system that would provide the ability to count complaints and inquiries that are received but not currently logged into our database.

or discoverable in a legal proceeding. The law also prohibits the release of confidential information to complainants.²

Source of Complaints



**Legal guardians (2), a child (3), and complainants described in Section 4 of the Children's Ombudsman Act (113).*

² Several sections of the Children's Ombudsman Act, the Child Protection Law, and the Adoption Code describe what information may be released to a complainant.

Complaint Process

All complaints that are within the statutory authority of the OCO are considered for investigation. The ombudsman has discretionary authority to determine whether to open a case for investigation and the scope of the investigation. This discretionary authority also extends to advising a complainant to pursue other remedies to resolve their concern prior to the ombudsman determining whether an investigation by the OCO is warranted.

Complainants have varying degrees of understanding about the child welfare system; therefore, gathering sufficient information about their concerns is essential prior to deciding whether to open a case for investigation.

Complaints are categorized as *inquiries*, *referrals*, *valid complaints not opened*, or *valid complaints*.

Inquiries do not involve children's protective services, foster care, adoption services or juvenile justice. They are requests for information, general concerns about the child welfare system, or complaints that are outside the OCO's statutory authority such as Friend of the Court matters and school issues. Suggestions are provided to complainants in an effort to help them resolve their concerns.

119 complaints were classified as inquiries.

Referrals are complaints that involve children's protective services, foster care, adoption services or juvenile justice, but the complaint may be about a court decision, poor representation by an attorney, or law enforcement involvement in a child abuse case; areas the OCO does not have the statutory authority to investigate. Complainants are given referral information to appropriate agencies or entities.

138 complaints were classified as referrals.

Valid Complaints Not Opened involves one or more of the four areas the OCO has authority to investigate, but given the investigative focus on child safety, well-being and permanency, a case is not opened for investigation. A complainant may assert that a court should not have terminated their parental rights; request an investigation of an issue that occurred several years ago that an OCO investigation cannot change, or the

individual disagrees with agency actions even though no policy or law was violated. The complainant is informed that an OCO investigation will not commence and why. The OCO also explains the applicable laws and policies that pertain to the complainant's concerns, and where appropriate, complainants are provided with suggestions or referral information.

348 complaints were classified as valid complaints not opened.

Valid Complaints are complaints that involve children's protective services, foster care, adoption services and/or juvenile justice and allege violations of law or MDHS policy. The complaint also meets OCO child-focused criteria of safety, well-being, and permanency. Valid complaints are opened for either a preliminary or full investigation.

103 complaints were classified as valid complaints.

Investigation Types

Understanding Investigative Statistics

A valid complaint may be opened for investigation during a reporting period (fiscal year – October 1 through September 30), but may not be closed during that time. When calculating the number of completed investigations, the total will always include cases that were opened and closed during the current fiscal year. In addition, cases that were still open at the end of a fiscal year will be carried over and counted as closed in the next fiscal year. Factors that affect the number of cases remaining open at the close of the fiscal year may include the date an investigation commenced, concerns about the safety and well-being of a child, the issues being investigated, or the size of the case file that must be reviewed.

Preliminary Investigations

A complaint may be opened for preliminary investigation because the issue is straightforward and can be resolved relatively quickly. In other instances, a preliminary investigation is utilized to determine whether a case should be opened for full investigation. Preliminary investigations may consist of requesting a copy of pertinent agency or court documents, submitting questions to a caseworker via fax or email, or conducting a phone interview with agency staff.

If the complaint issues are resolved during a preliminary investigation or a determination is made that a full investigation is not warranted, the case is closed. The complainant is sent a letter that addresses their concerns, explains the actions taken by the OCO and reasons why the case is being closed at the preliminary investigation stage.

A preliminary investigation may be opened for a full investigation after reviewing the information received from the agency, and the case continues through the full investigation process.

69 complaints were opened for preliminary investigation.

39 preliminary investigations involving 78 children were closed.

16 of the 69 preliminary investigations were assigned for full investigation.

14 preliminary investigations remain open and will be carried over to FY 2007.

Full Investigations

Each complaint that is opened for full investigation involves a time-intensive, comprehensive review process of the child's case file and contact with agency staff and other professionals. Generally, the investigation focuses on the issues identified by the complainant. However, if violations of law, policy or procedure are found regarding other issues, they may also be addressed in a report to the involved agencies.

103 complaints were opened for full investigation.

54 involved only Children's Protective Services (52%).

13 involved only Foster Care (13%).

0 involved only Adoption Services.

0 involved only Juvenile Justice.

36 involved a combination of CPS, FC, and/or AS (35%).

Closed Investigations

During this fiscal year, the OCO completed 102 full investigations involving 267 children from 40 different counties. Investigations are closed in four different ways: *affirmation, report of findings and recommendations, administrative resolution, and exceptional closing.*

40 involved only Children's Protective Services (39%).

9 involved only Foster Care (9%).

4 involved only Adoption Services (4%).

0 involved only Juvenile Justice.

49 involved a combination of CPS, FC, or AS (48%).

In the past, the number of closed cases was reported as a combined total including both MDHS and private child-placing agencies. During the 2006 fiscal year, the OCO's computer database was enhanced to allow for the separate collection of statistics for each agency. Of the 102 foster care, adoption, and combination cases, 32 involved private child-placing agencies.³

Affirmations

A case closed by affirmation means that no violations of law or policy were found as a result of the OCO investigation. The complainant receives a letter affirming the agency's actions, outlining the actions taken by the OCO, and the reasons for closing the investigation.

67 investigations were closed as affirmations.

Reports of Findings and Recommendations (F&Rs)

If the OCO concludes that the agency did not comply with law, rule and/or MDHS policy, or agency actions and decisions were not consistent with case facts or the child's best interest, an F&R is issued to the involved agencies. The agency has 60 days to respond in writing to the F&R and indicate either agreement or disagreement with the findings and recommendations outlined in the OCO's report. Each finding describes

³ See Appendix 1.

the non-compliance or inconsistent decision. The corresponding recommendations may request that the agency consider taking specific action, or specify how the non-compliance will be resolved in the current case and prevented from recurring in future cases.

36 investigations resulted in F&Rs.

The complainants listed in Section 5 of the Children's Ombudsman Act may receive the OCO's findings, recommendations, and agency response. All other complainants, as defined in Section 4 may receive only the OCO's recommendations and agency response.

Administrative Resolutions

In some cases the complainant's issues are resolved by the agency after the OCO has commenced an investigation. For instance, the OCO may request that the agency take certain action to ensure a child's safety or correct a problem. If the agency completes the OCO's requested action and no other issues remain, the case is closed. A closing letter is sent to the complainant describing the actions taken by the OCO and how the agency resolved the concerns.

13 investigations were closed as administrative resolutions.

Exceptional Closings

Investigations are closed as exceptional closings for various reasons, including: the agency addressed the complainant's issue without a request from the OCO during the investigation; the complainant requests that the case be closed; or the OCO determines that continued involvement by the OCO would not affect the outcome for the child. A closing letter is sent to the complainant outlining the reasons for case closure.

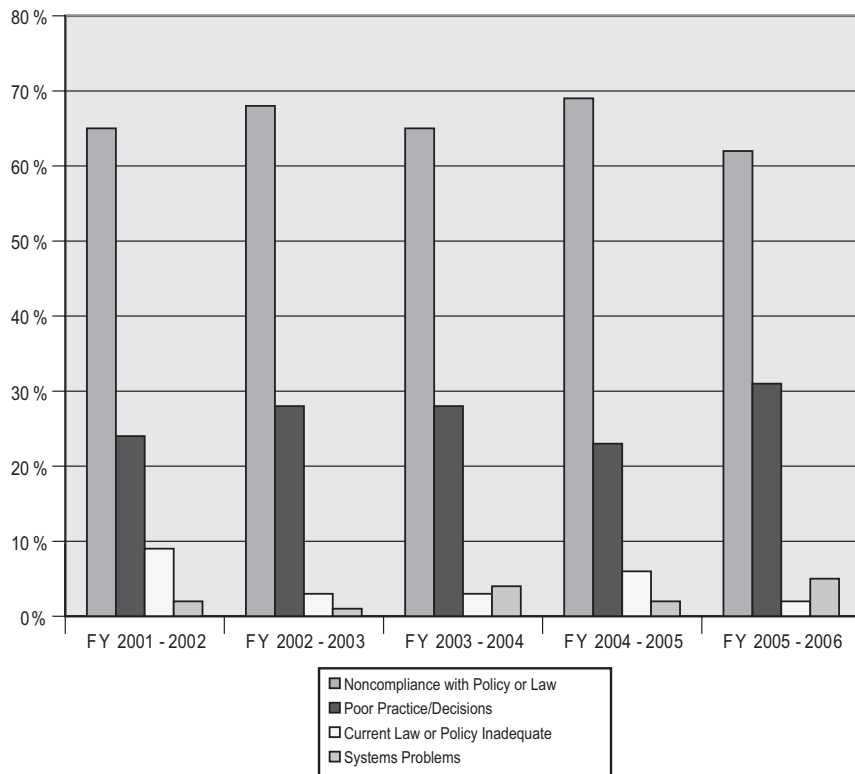
33 investigations were closed as exceptional closings.

Analysis of Investigative Findings

The OCO closed a total of 102 investigations during this reporting period, of which there were 36 Reports of Findings and Recommendations with 156 individual findings. Findings are grouped into four categories:

<i>Non-compliance with law or policy</i>	96	62%
<i>Poor practice/decision-making</i>	49	31%
<i>Current policy/law inadequate</i>	3	2%
<i>Systems problems</i>	8	5%

Summary of Findings



As shown in the table above, noncompliance by DHS and private child-placing agencies with existing laws and policies has been the most consistent finding in case investigations in past reporting periods and in the current fiscal year. Despite agency agreement with many of the non-compliance findings, agencies continue to struggle with ensuring that their caseworkers are aware of the laws and policies applicable to the various programs. Compliance is negatively affected by a lack of resources (i.e. high caseloads). Insufficient training opportunities and inadequate supervisory support for workers are also factors.

Prevalent Findings

This section of our Annual Report describes four issues that recurred in the course of investigating cases during this fiscal year. These prevalent findings are actions, omissions, or practices by agency personnel that are some of the most crucial to child safety, affect a child's placement in foster care, and inhibit a caseworker's ability to properly handle a case. Each of these issues was the subject of many F&Rs and some have been addressed in previous Annual Report recommendations.

Children's Protective Services

Documentation: CPS workers are required to thoroughly document all elements of an investigation including but not limited to: facts and evidence gathered, the relationship of the adults to the children in a household, and subsequent information obtained about a family that may affect the disposition of the case. A lack of thorough documentation in a CPS record can make it very difficult, for example, to determine how a caseworker reaches a disposition. Additionally, CPS investigation reports are used during subsequent CPS investigations as a basis for determining family dynamics and whether there is a pattern of abuse or neglect. The OCO continues to find that required documentation is not included in the CPS file.

Supervisory oversight: Although policy requires that supervisors review caseworker reports to ensure compliance with law and policy, the OCO continues to investigate cases where reports do not have required documentation or are not otherwise completed in accordance with law and policy. Supervisory oversight plays a key role in ensuring that workers are cognizant of MDHS policy and legal requirements, not only in the areas of proper documentation, but also in reviewing caseworker decisions that affect such things as child safety and parental involvement in the allegation reported to CPS. This prevalent finding has been identified in several previous Annual Reports.

Foster Care

Parenting time: Workers and supervisors are required to comply with court orders regarding parenting time. Policy requires that parenting time may not be suspended or canceled unless a court order determines that parenting time, even if supervised, would be harmful. Unless deemed harmful, children are entitled to receive parenting time that is not only consistent with law and policy, but also in their best interests and developmental needs. The OCO found that caseworkers were suspending or cancelling parenting time in violation of court orders and DHS policy or continuing to provide parenting time after the court ordered that visits between the parent and child cease.

Placement/Replacement: Placement decisions have a significant impact on a child's sense of stability and well-being and play a key role if the child later becomes available for adoption. Concerns that arose in case investigations about placement issues included: young children (under 10 years) not being properly assessed for residential placement; failing to place siblings together without adequate documentation as to why separation occurred or without supervisory approval; and considering relative placements when replacement becomes necessary. If a child becomes available for adoption, psychological attachment to the caregiver and length of time in the placement are factors that must be considered when an adoption worker makes a recommendation in favor of one family over another.

2005-2006 OCO Annual Report Recommendations and MDHS Responses

The following recommendations were submitted to MDHS for response. The MDHS responses appear after each recommendation.

Adoption

To improve the outcomes for children whose permanency goal is adoption,⁴ the OCO recommends that MDHS adopt the following:

Strengthen the Adoptive Family Assessment

Recommendation 1a:

Require the adoption worker to assess and document how the prospective adoptive parent(s) will meet the needs of all children who reside in the home. This would include a review of the level and extent of extraordinary care required for each child in the family. Policy should also require the adoption worker to consult with professionals and service providers who have worked with the family to determine the family's level of cooperation with needed services for the children in their care.

MDHS Response to Recommendation 1a:

Agree. MDHS will amend policy, by February 2008, to require that the Adoptive Family Assessment includes both an assessment of the family's ability to meet the needs of each child in the home and documentation of consultation with professionals and service providers who have worked with the family. The consultation with professionals should focus on the level and extent of the extraordinary care required by other children already adopted by the family and/or biological children.

Recommendation 1b:

Require workers to interview children residing in the home as well as children who previously resided in the home. Interviewing adult children and minor children who no longer reside in the home would provide relevant information concerning the prospective adoptive family's ability to nurture and safely care for children.

MDHS Response to Recommendation 1b:

Agree. MDHS will include requirements in revised policy (CFA 732-50) regarding "*Adoptive Family Assessment*," effective February 2008, for interviews with children that

⁴ According to the Michigan Children's Institute (MCI), as of 12/31/2006, there were 6,161 permanent wards (court and state wards) under MDHS supervision. Approximately 4,400 wards have an identified goal of "Adoption."

reside in the home, who are of appropriate age and ability. Interviews with children no longer living in the home, including adult children, will also be conducted whenever possible.

Recommendation 1c:

Provide guidelines for workers regarding information that must be included in child and family assessment addendums. Addendums are routinely completed by workers to update information contained in the adoptive child and family assessments.

MDHS Response to Recommendation 1c:

Agree. MDHS will amend policy to provide guidelines for workers on appropriate completion of addendums for previously completed family and child adoption assessments for the February 2008 policy release.

Recommendation 1d:

Amend the Adoptive Family Assessment template to prompt the adoption worker to document a prospective adoptive parent's CPS and foster home licensing complaints and the results of those complaint investigations.

MDHS Response to Recommendation 1d:

Agree. Adoption policy (CFA 732-50) regarding "*Adoptive Family Assessment*," currently requires the documentation of a prospective adoptive parent's CPS and foster home licensing complaints and the results of those complaint investigations. A new template will be developed for the Adoptive Family Assessments, which will prompt the worker regarding the required documentation. This template will be completed for the February 2008 policy release.

Ensure adoption staff has timely access to CPS records.⁵

Recommendation 2:

Develop a protocol that ensures adoption workers have timely access to CPS complaint histories for all adult household members in a prospective adoptive family. Although CPS policy allows release of CPS information to adoption staff, in practice, this information is not easily accessible or is denied to adoption workers.

MDHS Response to Recommendation 2:

Agree in part. As noted by the OCO, the Child Protection Law, Section 7(2)(k) provides for the release of information to:

⁵ Additional rationale can be found in the 2001-2002 OCO Annual Report.

A child placing agency licensed under 1973 PA 116, MCL 722.111 to 722.128, for the purpose of investigating an applicant for adoption, a foster care applicant or licensee or an employee of a foster care applicant or licensee, an adult member of an applicant's or licensee's household, or other persons in a foster care or adoptive home who are directly responsible for the care and welfare of children, to determine suitability of a home for adoption or foster care.

CPS policy (CFP 717-4) regarding "Release of CPS Information" cites the above section of the Child Protection Law. MDHS will forward this OCO Annual Report and the MDHS response to all MDHS local offices and private child-placing agencies with instructions to complete a thorough review with all child welfare managers.

Create a statewide system to track adoptive family applicants.

Recommendation 3:

A mechanism is needed to enable adoption workers to obtain information about a family's adoption application history through MDHS or a private child-placing agency in Michigan, similar to the one that enables access to a family's prior foster home licensing records through the Office of Children and Adult Licensing.

MDHS Response to Recommendation 3:

Agree in part. A family seeking to adopt a child from the Michigan foster care system is "approved" not "licensed." A record of the history of an application for adoption could be accomplished by a statutory change to license adoptive parents. This would provide a record of the approval or denial of an adoptive license, as is currently available for foster home licensing. Further research is needed to determine the advantages of licensing versus approving adoptive families.

Through the current MDHS contract with the Michigan Adoption and Resource Exchange (MARE) contract, information on families that enter into the assessment process is beginning to be tracked. Private child-placing agencies under contract with MDHS are required to report information on families who are interested in adopting a child from the foster care system. A requirement will be added to adoption policy for the February 2008 release, which will also require MDHS adoption staff to report information on families who are interested in adopting a child from the foster care system to MARE.

Consistently identify a child's siblings in the child's adoption assessment.

Recommendation 4:

Strengthen adoption policy⁶ to clarify that adoption workers are required to include in the child's adoption assessment, information regarding any siblings born to either of the child's parents and any known information regarding the sibling's whereabouts (i.e. prior adopted children, etc.).

MDHS Response to Recommendation 4:

Agree. MDHS will strengthen adoption policy by February 2008 to require that workers document within the child's adoption assessment, information regarding siblings born to either of the child's parents and any known information regarding the sibling's whereabouts.

Improve adoptive family selection for children.

Recommendation 5:

The "Adoption Family Selection" policy should guide workers in evaluating a family's ability to meet the child's needs and require documentation of factors relevant to family selection decisions. Current adoption policy provides no guidelines to workers in matching the child's identified needs with a studied and approved family who can meet those needs. Input from both the child's worker and the family's worker is necessary when selecting a family to best meet the identified needs of the child.

MDHS Response to Recommendation 5:

Agree. DHS will amend policy (CFA 732-30) regarding "*Adoptive Family Selection*" for the February 2008 release, to also include guidelines for workers in evaluating a family's ability to meet the prospective adoptive child's needs and require documentation of factors relevant to family selection decisions.

⁶ CFA 732-25, Child Adoption Assessment.

Improve oversight of expedited consent requests.⁷

Recommendation 6:

Amend the “expedited consent” process to prohibit agencies from requesting expedited consent for a prospective adoptive family whenever “*Circumstances Requiring Additional Documentation*” exist, currently found in adoption policy.⁸

MDHS Response to Recommendation 6:

Agree. The adoption program office has drafted strengthened policy language for the February 2008 release regarding the circumstances in which it is appropriate to request expedited consent. Policy (CFA 732-50) regarding “*Circumstances Requiring Additional Documentation*,” will disallow an expedited consent request in circumstances that require additional documentation. In addition, to ensure that adoption agencies obtain the most relevant and current family information available through references, a standardized reference form will be designed to capture specific information about prospective adoptive families. This form will be developed for and provided to all Michigan adoption agencies by February 2008. These changes will assist all adoption supervisors to ensure that requests to the MCI Superintendent for expedited consent are appropriate.

Require adoption workers to notify the MCI Superintendent and the court regarding a prospective adoptive family’s recent complaint history.

Recommendation 7:

Develop policy that requires adoption workers to notify the MCI Superintendent and the court when the worker becomes aware that the family has been the subject of a CPS and/or Foster Home Licensing complaint between the time that consent was requested and the adoption finalized. Complaints about a prospective adoptive family may raise concerns about their ability to safely care for the child; therefore, it is important that this information be shared with the MCI Superintendent who is granting consent or the court who is either granting consent or finalizing the adoption.

MDHS Response to Recommendation 7:

Agree. Policy will be developed for the February 2008 policy release that requires adoption workers to notify the MCI Superintendent and the court when a prospective adoptive family is the subject of a CPS or licensing complaint.

⁷ In 2005, the MCI office processed 2,814 adoption consent requests. Due to the large number of adoption consent requests and the limited staffing resources, consent requests identified as meeting the criteria for “expedited” consent are routinely approved by the MCI office based solely on the adoption supervisor’s signature indicating that specific criteria have been met.

⁸ The circumstances described in CFA 732-50 involve “adoptive placement of four or more children,” and “the age of potential adoptive parents.”

Ensure that all children with a goal of adoption are accurately registered with the Michigan Adoption Resource Exchange (MARE).

Recommendation 8:

To maximize recruitment efforts for all children in need of adoptive families, MDHS should strengthen the current mandatory process for listing children with MARE.⁹ Agencies must ensure that a child's "on hold" status is accurate and legitimate and children who are due for referral are registered timely. In addition, information about children who are currently listed on MARE for recruitment should be updated regularly.

MDHS Response to Recommendation 8:

Agree. The MDHS Adoption Oversight Committee will review the process of placing children "on hold" and will determine the criteria for a child in this status and how reviews are to be completed. Information on children currently listed will be updated by October 2007 as required in the current contract with MARE. The current contract with MARE provides for improvements in the photo-listing, strength based information in the narratives, and required updates on a more frequent basis. The current contract language states:

- *The Contractor shall ensure that photo-listings and narratives remain current.*
- *The Contractor shall update narratives every six (6) months, and post new photos every twelve (12) months. If at any time more than 5% of narratives and photos are outdated according to the specified time periods, the Contractor shall be out of compliance.*
- *The Contractor shall develop a plan for timely updates of photos and description for all current photo-listed children/youth in need of updates. The Contractor shall submit this plan to DHS for approval.*
- *The Contractor shall create a system to monitor photo-listing updates and submit recommendations to DHS for appropriate oversight of this requirement.*
- *All narratives shall be strengths-based descriptions. The Contractor shall consult with and secure approval from DHS for acceptable language and types of descriptions.*

⁹ MARE's website states that it is "an information and referral service for prospective adoptive parents interested in adopting children with 'special needs' and for adoption workers looking for homes for these children."

Foster Home Licensing

To improve the safety and quality of care for children in foster care, and raise public trust in the child welfare system, the OCO recommends MDHS adopt the following:

Strengthen the assessment of all household members when a prospective foster family is initially evaluated.

Recommendation 9a:

Require a licensing certification worker to determine whether any minor member of the household has prior adjudicated offenses.¹⁰

MDHS Response to Recommendation 9a:

Agree in part. MDHS Foster Family Home Development policy (CFF 922-1), effective 10/1/02, regarding “Foster Home Licensing” currently requires a licensing certification worker to determine whether any minor member of the household has prior criminal history. Policy *Foster Family Home Study*” states:

The narrative summary of the study is to assess all of the following:

...

- c. Previous licenses, criminal convictions, and substantiated (preponderance of evidence) child abuse and/or neglect for any member of the household. If the family lived in another state during the past five years, a central registry check must be completed and evaluated for all adults in the household for any state(s) in which they resided.*

While it is not feasible for DHS to require licensing certification workers to contact the court for every minor child, i.e. a two year old, when a licensing certification worker receives allegations that a minor member of the household has a prior adjudicated offense that does not show on the criminal history check, the licensing certification worker will contact the court of jurisdiction for additional information.

Recommendation 9b:

Require a licensing certification worker to conduct a thorough review of a foster home applicant’s CPS history. As part of the initial foster home evaluation, Child Placing

¹⁰ Foster Family Home Development policy 922-1 requires workers to assess all household members for criminal convictions, but does not require a review of a juvenile household member’s adjudicated offenses.

Agency (CPA) rules¹¹ and MDHS policy should be amended to require an assessment of all CPS complaints and investigations, regardless of disposition. Complaints and investigations may illustrate patterns of behavior and risk of future harm.

MDHS Response to Recommendation 9b:

Agree in part. Child Welfare Licensing (CWL) intends to open the Child Placing Agency rule set for amendment in late 2007. As part of that process, CWL will convene a rule advisory committee comprised of experts in this area of licensure to consider this recommendation and other suggested rule amendments. CWL will invite the OCO to appoint a person to sit on that committee.

Require feedback from service providers during annual licensing reassessments.

Recommendation 10:

Policy should require FC workers to make contact with service providers (mental health, medical, etc.) involved in a foster child's care to solicit observations regarding the child's caregivers. Feedback from professionals would be included in the information shared with the licensing staff during annual licensing reassessments.¹²

MDHS Response to Recommendation 10:

Agree. Foster care policy (CFF 722-6), regarding "*Developing the Service Plan*" was updated 6/1/07 and now states the following:

Treatment and Service Providers

Feedback from professionals working with the child(ren) and family must be obtained and incorporated in each service plan (ISP/USP/ PWSP). FC workers must make at least monthly contact with each professional involved in the child's care to solicit the professional's observations and opinions regarding the child and the child's caregivers. These contacts must be documented in the Social Work Contacts, and the information obtained must be detailed in the appropriate section of the service plan.

¹¹ 400.12309 and 400.12310(3)(c).

¹² CPA Rule 400.12313 requires licensing staff to solicit information from each social service worker who has had children placed in the home during the last licensing period as part of each foster home licensing reevaluation.

In addition, all professional reports for the child and parents including, but not limited to, psychiatric and psychological evaluations, therapy and treatment plans, substance abuse screens and treatment summaries must be reviewed and summarized in the service plan with the original report filed in the case record.

Improve supervisory oversight of licensing special evaluations.

Recommendation 11:

Implement MDHS/OCAL policy and consider a similar change to CPA rules that would require licensing supervisors to attend complaint training prior to becoming responsible for approving special evaluation reports.¹³

MDHS Response to Recommendation 11:

Agree in part. MDHS will require licensing supervisors to attend complaint training prior to becoming responsible for approving special evaluation reports. Child Welfare Licensing (CWL) intends to open the Child Placing Agency rule set for amendment in late 2007. As part of that process, CWL will convene a rule advisory committee comprised of experts in the area of licensure to consider this recommendation and other suggested rule amendments. CWL will invite the OCO to appoint a person to sit on that committee.

Improve the interface between Foster Home Licensing and CPS.

Recommendation 12a:

Enhance electronic search capabilities to allow a CPS intake worker to determine whether the complaint involves a licensed foster parent.

MDHS Response to Recommendation 12a:

Agree. The new SWSS-CPS system will provide immediate and statewide access to all CPS information, such as central registry information and historic information about all CPS complaints and investigations regardless of their final disposition. The current version of SWSS-CPS does not include a search function that allows CPS to determine whether the complaint involves a licensed foster parent. However, MDHS personnel are currently developing a system that will allow such a clearance to occur. This change is scheduled to be in place by the time the statewide roll out of SWSS-CPS is complete in December 2007.

¹³ CPA Rule 400.12305 requires: "An agency shall ensure that all supervisors of social service workers who perform foster home certification functions receive certification training provided by the department"; however, complaint training is a separate training.

Recommendation 12b:

Establish procedures to ensure that the agency responsible for licensing supervision of a foster home is notified of all CPS complaints involving that home.

MDHS Response to Recommendation 12b:

Agree in part. MDHS policy (CFP 716-9) regarding “*Alleging Abuse or Neglect by Parents or Other Caretakers When the Child Is in Foster Care*” requires that all CPS investigations involving allegations of abuse and/or neglect by foster parents are referred to that foster parents’ licensing agency. The CPS investigator is to complete the CPS Investigation Summary and Safety Assessment and forward them to the foster care and licensing supervisor within two working days of completion of the report. This process is to occur whether the home is licensed through DHS or a private child-placing agency. MDHS will forward this OCO Annual Report and the MDHS response to all MDHS local offices and private child-placing agencies with instructions to complete a thorough review of this report with all child welfare managers.

MDHS will also seek to enhance the new SWSS-CPS system to automatically generate copies of the CPS Investigation Summary and Safety Assessment at case disposition whenever the system has previously determined the family to be a foster family. The information will then be forwarded as required.

Improve placement decisions.

Recommendation 13:

Develop and implement a structured Placement Assessment Tool to assist child welfare workers in making and documenting decisions to place additional children in a caregiver’s home.¹⁴ The tool should assess the following factors:

- Number and ages of children already in the home.
- Special needs of children residing in the home, including current FC Determination of Care (DOC) levels or adoption subsidies based on DOC rates.
- Number and ages of the caregiver(s).
- Support systems of the caregiver(s) including their attendance and participation in ongoing trainings, support groups, and formal mentoring programs.
- Any parenting difficulties since last assessment.

¹⁴ Consider a tool similar to FC Structured Decision Making where factors are scored requiring graduated levels of oversight, i.e.: Level I – worker approval; Level II – placement staffing with supervisory approval; Level III – 2nd line supervisory approval.

- Significant changes or stressors since last assessment.
- CPS and FHL complaints.

MDHS Response to Recommendation 13:

Agree in part. MDHS agrees that child welfare workers who make placement decisions should consider the above factors when making that decision. MDHS has begun a national search for a specific placement tool that provides evidence-based assessments of the suggested factors. To date, DHS has been unable to identify an evidence-based tool that addresses the issues, but will continue the research. Foster Care Program Office will amend policy to add these factors as additional considerations in placement of children.

Strengthen regulatory oversight of child-placing agencies

To effectively respond to an agency’s non-compliance with CPA rules, the Office of Child and Adult Licensing (OCAL) should:

Recommendation 14:

When the OCAL determines that a child-placing agency is in violation of licensing rules, it should require the agency to identify, in its corrective action plan, the steps it will take to ensure the safety and well-being of children placed through the agency while it works to rectify the noted violations.

MDHS Response to Recommendation 14:

Agree in part. MDHS-OCAL helps to ensure the safety and well-being of children served by all child-placing agencies by assessing their compliance with Child Placing Agency (CPA) rules through the investigation of complaints and completion of annual onsite investigations. When rule violations exist, corrective action plans are implemented to bring the agency into compliance with the noted rule. Compliance with corrective action plans is assessed during OCAL onsite investigations. In addition, when an agency’s license status is modified to provisional¹⁵ and a corrective action plan is put in place, OCAL completes an onsite visit within six months to assess compliance with the corrective action plan on a previously cited rule violation.

¹⁵“A provisional license may be issued to a child care organization which is temporarily unable to conform to the rules. A provisional license shall expire 6 months from the date of issuance and may be issued not more than 4 times. The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable corrective action plan to overcome the deficiency present in the child care organization within the time limitations of the provisional license.” Child Care Organizations Act of 1973, MCL 722.117.

Systems

Recommendation 15:

The OCO recommends that all child welfare supervisors attend Child Welfare Institute (CWI) training in the area(s) that they supervise (CPS, FC, AS).

Rationale: Supervisors are not currently required to have training in the programs they supervise. Foster Home Licensing is the only child welfare program that requires supervisors to receive program-specific training.

MDHS Response to Recommendation 15:

Agree. MDHS will require that all child welfare supervisors attend Child Welfare Institute (CWI) training in the area(s) that they supervise (CPS, FC, AS). In addition, MDHS is currently providing a three-day CPS Supervisory training, which covers critical CPS policies, procedures, and supervisory responsibilities. Foster Care Supervisory training and Adoption Supervisory training are also being developed in collaboration with representatives from DHS, private child-placing agencies and the OCO. This training will be piloted by December 2007. DHS believes that targeted child welfare supervisory skills training which includes critical child welfare policies, procedures, and supervisory policies is an effective way to meet supervisory needs.

Recommendation 16:

The OCO recommends MDHS develop policy guidelines for the administration and oversight of psychotropic medication for children in foster care.

Rationale: Child-placing agency rules do not address this issue and current policy only identifies who may give consent for the use of psychotropic drugs when a child is in foster care.

Other states, including Florida, Minnesota, Texas, Massachusetts, Washington, and California have recently identified over-prescription and dispensing of psychotropic medications to children, including the use of "off label" drugs for infants and children as a major concern.¹⁶ Another identified concern has been the lack of appropriate informed consent and monitoring once children are placed on the medications. Best practice standards developed by other states include the following:

¹⁶ When the U.S. Food and Drug Administration approves a prescription drug, it clearly states the manner in which it can be used including the age of patients to which prescriptions may be made, standard dosage, and the conditions which may be treated with that drug. This approval process is based on the testing conducted on the drug. Use of the drug in patients in a manner, or for an age or condition that was not tested and approved, is called "off label." A physician may prescribe medications off-label to patients at the physician's discretion. Almost all psychotropic drug prescriptions for children preschool age or younger are considered "off label." That means that the drug is being prescribed for populations for which no standards of dosage have been established, or for medication conditions for which the product is not indicated and has not been tested.

Prescribing Clinicians:

- Completion of a comprehensive psychiatric evaluation performed in accordance with the American Academy of Child and Adolescent Psychiatry, prior to prescribing any psychotropic medications.
- Identifying and documenting clearly defined target symptoms and treatment goals for the use of psychotropic medications prior to beginning treatment with psychotropic medications.
- Establishing rules regarding the prescribing and administering of “off label” medications to foster children, and the prescribing of any psychotropic medications to children younger than four.
- Engaging the child in counseling or psychotherapy before or concurrent with prescription of a psychotropic medication.

Obtaining Consent:

No psychotropic medications should be administered to temporary court wards without written informed consent of parents or the juvenile court judge. A legally authorized representative should be identified to consent on behalf of children who are state wards committed to the Michigan Children’s Institute.

- A standardized procedure should be developed to ensure appropriate written informed consent.
- In the case of temporary court wards, parents should be provided complete and accurate information relating to the use of psychotropic medications, in accordance with the guidelines of the American Academy of Child and Adolescent Psychiatry.
- When clinically and developmentally appropriate, children should be involved in all discussions relating to medication use and informed consent.

Administering and Monitoring of Medications:

- A child’s foster care case worker must ensure adequate monitoring of the child on psychotropic medications, including communication with the foster parent and clinician about the child’s progress, side effects, etc.

- Licensing rules and department policy should identify the responsibilities of child-placing agencies and foster parents in administering psychotropic drugs, and monitoring and reporting side effects and administration errors.
- The number and characteristics of foster children prescribed psychotropic medications and the outcomes for children should be tracked as part of ongoing quality assurance.

MDHS Response to Recommendation 16:

Agree. The Foster Care Program Office met with the CPS Medical Advisory Committee, specifically seeking guidance on developing psychotropic medication policy. Matters discussed included the use of psychotropic medications with foster children. MDHS is reviewing the input of this group to examine current policy and practice with the goal of the developing improved policy related to the administration and oversight of psychotropic medication for children in foster care. The proposed policy will be brought back to the CPS Medical Advisory Committee for full review and consideration prior to implementation of MDHS policy. In addition, the proposed policy will go through the Final Departmental Review (FDR), which will allow for review and input by the Office of Children’s Ombudsman.

Appendix 1

OCO Investigations by County

The following table shows the total number of investigations by county for both DHS and the private child placing agency within the county. For example, in Grand Traverse County DHS and Child and Family Services of NW Michigan were each investigated one time.

MDHS County/ Child-Placing Agency	Number of OCO Investigations (FY 05-06)
Allegan	3
Barry	1
Bay	1
Berrien	1
Branch	1
Calhoun	3
Chippewa	1
Clare	1
Clinton	2
Crawford	1
Eaton	1
Genesee	9
Ennis Center for Children	3
Grand Traverse	1
Child and Family Services of NW MI	1
Ingham	5
Catholic Social Services	1
Ionia	3
Isabella	2
Jackson	1
Lutheran Social Services	1
Kalamazoo	3
Kalkaska	1
Kent	5
Lutheran Social Services	1
Lutheran Child and Family Services	2
Leelanau	1
Lenawee	1

MDHS County/ Child-Placing Agency	Number of OCO Investigations (FY 05-06)
Macomb	10
Alternatives for Children	3
Marquette	1
Child and Family Services of U.P.	1
Mecosta	1
Monroe	4
Montcalm	1
Muskegon	2
Newaygo	2
Oakland	9
Lutheran Adoption Services	1
St. Francis Children's Center	1
Lutheran Child and Family Services	1
Oakland Family Services	1
Osceola	0
Eagle Village	1
Ottawa	1
Roscommon	1
Saginaw	2
Shiawassee	1
St. Clair	2
St. Joseph	1
Washtenaw	5
Lutheran Adoption Services	1
Lutheran Social Services	1
Wayne	25
Orchards Children's Services	4
Methodist Children's Home Society	1
Lutheran Social Services	1
Lutheran Adoption Services	1
Lula Belle Stewart Center	2
Girlstown Foundation	1
Children's Center	1
Catholic Social Services	1
Wexford	1
Total	149

Appendix 2

Progress on AR Recommendations FY 1995 - FY 2006

Year	Implemented	Partially Implemented	Not Implemented	Total Number
1995-96	57	3	1	61
1996-97	14	4	1	19
1997-98	4	0	1	5
1998-99	6	1	5	12
1999-00	5	2	1	8
2000-01	2	6	3	11
2001-02	2	2	3	7
2002-03	3	3	1	7
2003-04	2	0	10	12
2004-05	1	2	1	4
Total	96	23	27	146

Recommendations Partially Implemented

Policy/Practice	Law	Total
20	0	20

Recommendations Not Implemented

Policy/Practice	Law	Total
16	11	27

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