

SPECIAL EVALUATION RECORD
Michigan Department of Health and Human Services
Division of Child Welfare Licensing and Adult Licensing

By notice of the Child Protection Law, MCL 722.621, and the Child Care Organizations Act, MCL 722.11, this form is confidential and shall not be released.

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> • Please read the reverse side before completing this form. • Please type or print so that the information completed can be read. • Email the completed form to the DCWL 259 mailbox at MDHHS-DCWL-259@michigan.gov. • All MDHHS and PAFC CPA's must complete the Non-CPS Intake CWL-259 in MiSACWIS and submit the completed form to the DCWL 259 email box.

SECTION I: DEPARTMENT INFORMATION (To be completed by Licensing Worker)

Worker Name, Department Name, Address and Phone Number		Special Evaluation Number
		FH License Number
Foster Home Name	Worker Load Number	Intake Date

SECTION II: REPORTER INFORMATION (To be completed at intake)

Use Reporters Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name	First Name	Middle Name
Mailing Address		City	County
Supplemental Address	State MI	Zip Code	Telephone
Nature of Intake/Reason for Contact			
Person Receiving Report		Contact Method <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Other (explain)	
Source		Alleged Statute and/or Rule Violations	
<input type="checkbox"/> Anonymous	<input type="checkbox"/> Licensee	<input type="checkbox"/> Recipient Rights	1. _____
<input type="checkbox"/> Case Management Staff	<input type="checkbox"/> Licensing Consultant	<input type="checkbox"/> Relative	2. _____
<input type="checkbox"/> Community Agency	<input type="checkbox"/> Local Unit of Government	<input type="checkbox"/> Resident	3. _____
<input type="checkbox"/> Community Placement Staff	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Staff or Caregiver	4. _____
<input type="checkbox"/> Legislator	<input type="checkbox"/> Private Citizen	<input type="checkbox"/> State Unit of Government	5. _____
<input type="checkbox"/> Licensee Organization	<input type="checkbox"/> Centralized Intake	<input type="checkbox"/> Other	

SECTION III: (To be completed at closure)

Initial Alleged Statute and/or Rule Violations	Noncompliance	Date Completed (Date CAP is signed. If no CAP, date SE report approved by supervisor)
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. _____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. _____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. _____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____
Recommended Regulatory Actions		
<input type="checkbox"/> Refusal to Renew	<input type="checkbox"/> Change Terms of License	<input type="checkbox"/> Continue Current Status
<input type="checkbox"/> Revocation	<input type="checkbox"/> 1 st , 2 nd , 3 rd , Provisional License Issuance	
Referred To		
<input type="checkbox"/> Attorney General	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Prosecuting Attorney
<input type="checkbox"/> Protective Services	<input type="checkbox"/> Public Health	<input type="checkbox"/> Qualified Fire Safety Inspector
		<input type="checkbox"/> Protection and Advocacy
		<input type="checkbox"/> Other

[Address]

Procedures and Distribution

1. Licensing worker completes all items in Sections I & II
2. Licensing worker forwards **White** copy to: DCWL 259 email box at MDHHS-DCWL-259@michigan.gov.
3. DCWL staff inputs special investigation information.
4. A computer generated CWL-259A is returned to licensing worker.
5. When the investigation is finished, licensing worker completes Section III.
6. Licensing worker forwards **White** copy to DCWL 259 email box. Licensing worker retains **Yellow** copy.
7. DCWL staff logs special investigation closure data information.
8. All MDHHS and PAFC CPA's must complete the Non-CPS Intake CWL-259 in MiSACWIS and submit the completed form to the DCWL 259 email box.

Reporter = Person making allegations

Reason for contact = A narrative description of the allegation(s).

Intake Date = Date agency becomes aware of incident.

Instructions for Statute & Rule Violation Citations:

Enter the exact and complete section & subsection and/or rule & subrule of the alleged and/or confirmed violation(s). It is not necessary to include the initial digits "400" of the rule.

Example: Enter 9 3 0 6 1 f i i for the following (proposed) subrule pertaining to the size and design of an outside window.

- R 400.9306. Bedrooms
Rule 306. (1) A foster parent shall ensure that bedrooms comply with all of the following provisions:
- (a) Provide an adequate opportunity for both rest and privacy and access to adult supervision as appropriate for the age and functioning level of each child.
 - (b) Have not less than 40 square feet of floor space per person, excluding closets.
 - (c) Have sufficient space for the storage of clothing and personal belongings.
 - (d) Have a finished ceiling, floor-to-ceiling permanently affixed walls, and finished flooring.
 - (e) Have a latchable door that leads directly to a means of egress.
 - (f) Have at least 1 outside window that complies with all of the following provisions:
 - (i) Is accessible to children and caregivers.
 - (ii) Can be readily opened from the inside of the room.
 - (iii) Is of sufficient size and design to allow for the evacuation of children and caregivers.

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.