



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD WELFARE LICENSING



NICK LYON  
DIRECTOR

November 1, 2017

Sonia Noorman  
West MI Partnership for Children  
213 Sheldon St, SE, 2-A  
Grand Rapids, MI 49503

RE: License #: CB410381414  
**West MI Partnership for Children**  
**213 Sheldon St, SE, 2-A**  
**Grand Rapids, MI 49503**

Dear Mrs. Noorman:

Attached is the Renewal Inspection Report for the above referenced facility completed on 10/24/2017. Due to the violations, a written corrective action plan is required. It should be noted that violations of any licensing statutes rules and are also violations of the ISEP and your contract. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule or section of the contract or ISEP citation.
- Specific time frames for each citation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

Upon receipt of an acceptable corrective action plan, a six-month second provisional license will be issued. If you do not agree to a provisional license or fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the area manager at (269) 337-5289.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kari Muntean', with a long horizontal flourish extending to the right.

Kari Muntean, Licensing Consultant  
MDHHS\Division of Child Welfare Licensing  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-0920

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD WELFARE LICENSING  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** CB410381414

**Licensee Name:** West Michigan Partnership for Children

**Licensee Address:** Suite 170  
2335 Burton St. SE  
Grand Rapids, MI 49503

**Licensee Telephone #:** (616) 281-4601

**Administrator/Licensee Designee:** Kristyn Peck, Designee

**Name of Facility:** West MI Partnership for Children

**Facility Address:** 213 Sheldon St, SE, 2-A  
Grand Rapids, MI 49503

**Facility Telephone #:** (616) 259-8606

**Original Issuance Date:** 11/22/2016

**Service Types:** PLACE CHILDREN FOR ADOPTION  
CERTIFY FOSTER HOMES FOR LICENSE  
SUPERVISE INDEPENDENT LIVING  
PLACE CHILDREN IN FOSTER HOME

## II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s):

10/24/2017

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes		na
No. of homes pending licensure		na
No. of Foster homes closed since the last inspection		na
No. of Foster homes borrowed since the last inspection		na
No. of Special Investigations in foster homes since last inspection		na
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection		na
No. of incidents of substantiated corporal punishment in foster care since last inspection		na
No. of children currently placed in licensed foster homes		na
No. of children discharged from licensed foster homes since the last inspection		na
No. of children whose sibling groups were split		na
No. of children who have had 3 or more placements		na
No. of children with unlicensed relatives		na
No. of youth in independent living placement		na
No. youth discharged from an independent living placement since the last inspection		na
No. of applicants evaluated for adoption since the last inspection		na
No. of applicants denied a recommendation since the last inspection		na
No. of adoption placements since the last inspection		na
No. of Child Adoption Assessments Completed		na
No. of adopted children currently in supervision		na
No. of children free for adoption more than 12 months		na
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	1	1
No. of current employees who have worked at the facility for:		
More than a year	0	0
Less than a year	14	14

**No. of Persons Interviewed:**

Licensing Staff	
Foster Care Staff	
Independent Living Staff	
Adoption Staff	
Supervisory Staff	2
Administrative Staff	2
Foster Parents	
Youth in Independent Living	

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

Program Statement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Program Policies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Staff Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Income/Expenditure for current year, including IRS Form 990	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Foster Parent Training Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Supervisory Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Caseload Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

**METHODS OF INSPECTION – B. Analyst**

	Total No.	No. Visited
No. of licensed foster homes		na
No. of unlicensed relatives homes		na
No. of independent living youth		na
No. of adoptive homes		na

Number of persons interviewed:

Foster Parents	na
Foster Children	na
Birth Parents	na
Independent Living Youth	na
Relatives	na
Adoptive Parents	na
Others (please identify person interviewed by role)	na

### III. DESCRIPTION OF FINDINGS

- 1.) The facility is in compliance with all applicable licensing statutes and rules except for the following:

**MCL 722.117          Provisional license.**

A provisional license shall be issued to a new organization during the first 6 months of operation. At the end of the 6 months of operation, the department shall either issue a regular license or renew or refuse to renew the provisional license as provided in section 11. 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 plan to overcome the deficiency present in the child care organization within the time limitations of the provisional licensing period.

The agency only began operations 3 weeks prior to this inspection. There has been no data reporting or monitoring of subcontractors thus far, upon which to determine if the agency is compliant with the rules, contract, ISEP and DHHS policy. A second provisional license is indicated in this circumstance so that the agency may have time to produce work to support their efforts.

**R 400.12212          Personnel records.**

- (2) The personnel record shall contain all of the following information before employment may occur:
  - (b) Verification of education.

13 applicable employee files reviewed were found not to have verification of education.

- 2.) Any violation listed in section 1 is also an ISEP violation. Please note that there are additional ISEP requirements that may not be included in section 1. The facility is in compliance will all additional ISEP requirements based on information available for review.

3.) Any violation listed in section 1 is also a DHHS Contract violation. Please note that there are additional DHHS Contract/Policy requirements that may not be included in section 1. The facility is in compliance with all additional DHHS Contract/Policy requirements based on information available for review.

#### **IV. TECHNICAL ASSISTANCE**

The facility was offered technical assistance in the following areas:

No technical assistance was required.

#### **V. CONSULTATION**

The facility was offered consultation in the following areas:

Consultation was provided regarding rule, contract, and ISEP requirements specific to staff position specifications, staff training, and the DCWL inspection process and scope for the agency and their subcontractors.

#### **VI. EVALUATION OF RENEWAL PERIOD**

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

**There were no incidents of substantiated corporal punishment during this licensing period.**

**The agency has submitted 1 acceptable corrective action plans not related to maltreatment during this licensing period.** The last CAP, dated 06/29/2017, was in response to the previous Renewal Inspection Report, dated 06/22/2017. There were no repeat violations. Based on the information available at the time of the inspection, it appeared the agency has made efforts to comply with licensing rules, the ISEP, DHHS policy, and their contract. The agency only went operational 3 weeks prior to this renewal inspection, and therefore, was not able to demonstrate compliance with many requirements. As a result, the agency is being placed on a second provisional license, in order to afford them time to begin producing work that can be monitored for regulatory purposes. This was discussed with the CEO and COO during the on-site inspection.

**VII. RECOMMENDATION**

Based on inspection findings the facility is not in compliance with all applicable licensing statutes and rules and/or ISEP requirements and/or contract/policy. Upon receipt of an acceptable corrective action plan, it is recommended that the agency license be modified to a Second Provisional license.



October 26, 2017

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Kari Muntean  
Licensing Consultant

Date

Approved By:



November 1, 2017

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Claudia Triestram  
Area Manager

Date