

GRIEVANCES

POLICY

Clients (program youth and/or family members) and those acting on behalf of clients are solicited and highly encouraged to give feedback about Teaching-Family Homes of Upper Michigan (TFH) programs on a regular basis. If problems cannot be resolved through this process, any youth or family member, or person acting on behalf of a youth or family member, has a right to file a grievance alleging a violation of rights; a complaint about an employee of Teaching Family Homes or the agency itself. This policy establishes the process for handling these grievances to assure all youth and families due process. Staff members shall provide grievance forms to clients upon request.

PROCEDURES

1) Filing Grievances

- a. A client should file a written grievance (See Appendix) as soon as possible after knowledge of the incident or decision with which they disagree (not later than 30 days). The written grievance must be signed by the client and dated. If a written grievance cannot be given, it may be given orally. The staff member receiving the verbal grievance will complete the grievance form.
- b. The Program Consultant will record when the grievance is received and send the acknowledgement back to the complainant within 30 days.
- c. If the complaint is regarding the Program Consultant, the Residential Director will follow the steps outlined in this policy.
- d. Upon receipt of a grievance, the Program Consultant in coordination with the Residential Director, Human Resource Coordinator, and/ or the CEO shall assess the incident and determine an appropriate course of action, which may include but is not limited to:
 1. referring the grievance back to the staff member involved for correction
 2. initiating a Staff Practices Investigation (See Policy 2E)
 3. filing a Report of Suspected Abuse or Neglect (see Policy 2B)
 4. filing a police report
- e. Grievances involving alleged abuse, neglect, serious injury or death will be immediately reported to the Chief Executive Officer.
- f. Emergency Grievances (PREA) that involve alleged or imminent sexual abuse may be filed immediately.
 1. Client has the right to not inform involved staff member(s)
 2. Client has the right to file grievance with non-involved staff member(s)
 3. a grievance alleging sexual abuse may be filed at any time regardless of when the abuse is alleged to have occurred

- 2) The Program Consultant in coordination with the Human Resource Coordinator and Residential Director shall:
 - a. Complete the investigation no later than 15 days after receiving the complaint.
 - b. If an investigation exceeds 15 days, the Program Consultant shall issue a written status report at that time, and every 60 days during the course of the investigation. The report shall be submitted to the complainant, the respondent (unless otherwise instructed by an external investigating agency) and the Teaching Family Homes Chief Executive Officer.
 - c. Include all of the following in the status report:
 1. statement of the allegations
 2. statement of the issues involved
 3. investigative process to date
 4. expected date for completion of the investigation
- 3) If the incident involves an alleged rights violation, abuse, or neglect, the Program Consultant will notify the Human Resource Coordinator and the Residential Director.
 - a. The Human Resource Coordinator will initiate a Staff Practices Investigation in a timely manner, subject to delays involving pending action by external agencies including law enforcement, protective services, or licensing entities.
 - b. Complete the investigation no later than 15 days after receiving the complaint.
 - c. If an investigation exceeds 15 days, the Human Resource Coordinator shall issue a written status report at that time, and every 60 days during the course of the investigation. The report shall be submitted to the complainant, the respondent (unless otherwise instructed by an external investigating agency) and the Teaching Family Homes Chief Executive Officer.
 - d. Include all of the following in the status report:
 1. statement of the allegations
 2. statement of the issues involved
 3. investigative process to date
 4. expected date for completion of the investigation
- 4) After gathering all of the necessary information, the staff conducting the investigation (Human Resource Coordinator or Program Consultant):
 - a. Determine that no action is necessary
 - b. Recommend remedial action of the employee for obvious misconduct
 - c. Refer the grievant to the appropriate staff member for resolution. Staff shall have 15 days to correct the issue and submit written documentation of the plan of correction to the Program Consultant and Human Resource Coordinator (See Appendix).


- d. The Program Consultant or Human Resource Coordinator may reopen or reinvestigate any complaint if there is new evidence that was not presented at the time of the original investigation.
- 5) If it is determined that corrective action is necessary:
 - a. The staff member shall take appropriate action that:
 1. Corrects or provides remedy to the grievance
 2. Is implemented in a timely manner
 3. Attempts to prevent a recurrence of the complaint
 4. Provide the TFH program supervisor with written documentation of the action taken
 - b. The Program Consultant and the staff member shall:
 1. Ensure that appropriate action is taken against those who have engaged in abusive or neglectful practices
 2. Apply the same corrective action to other clients in similar situations, when applicable
- 6) The staff conducting the investigation (Human Resource Coordinator or Program Consultant) shall submit a written Summary Report (See Appendix) to the client, their parent/guardian if applicable, and the TFH Chief Executive Officer within 15 days of the closure of a complaint. The following shall be included in the Summary Report:
 - a. Statement of allegations
 - b. Statement of issues involved
 - c. Summary of investigative findings
 - d. Conclusions
 - e. Recommendations
 - f. Action taken, or plan of action proposed by the staff member
- 7) If the grievance is filed regarding the conduct of the Program Consultant, the Residential Director or designee shall ensure appropriate action regarding the complaint.
- 8) If a grievance is filed regarding the conduct of the Chief Executive Officer, or if the complainant is dissatisfied with the outcome of the grievance, the Human Resource Coordinator shall inform them of the option to contact the Division of Child Welfare Licensing.
- 9) In the case of an emergency grievance alleging risk of sexual abuse the facility must take immediate corrective action. The facility must provide an initial response within 24 hours, and final agency decision within five calendar days. The initial response must be documented and must list the initial response, the final facility decision, and the facility's determination as to whether the resident was in substantial risk of imminent sexual abuse and the action taken in response.
- 10) If the client is dissatisfied with the outcome of the grievance, they may file an appeal no later than 45 days after receipt of the summary report. The grounds for appeal are:
 - a. The findings were not consistent with the facts, laws, rules, or policies

- b. The action taken did not provide an adequate remedy to the grievance
- c. The actions taken were not completed in a timely manner

11) In response to a grievance appeal, the appeal committee, a subcommittee of the Quality Assurance Committee, will:

- a. Review written appeals within seven days to determine whether it met criteria
- b. Provide the person making the appeal with a written notice of the decision. If the appeal was accepted, the Quality Assurance Committee shall also provide written notice to the respondent/staff person, the Chief Executive Officer, and the Chairperson of the TFH Board of Directors.
- c. Meet within 30 days of the written appeal and review the facts as stated in all complain investigation documents
- d. Decide upon the appeal and take one of the following actions:
 - 1. Uphold the findings and action taken/plan of action
 - 2. Return the investigation with request that it be reopened/reinvestigated
 - 3. Uphold the findings but recommend that the respondent/staff person take additional or different action to respond to the grievance
 - 4. Recommend an external investigation by the DHHS Office of Recipient Rights or the DCWL Licensing Consultant.
 - 5. Document its decision in writing
 - 6. Inform all parties of the decision in writing within 10 days after reaching a decision

EFFECTIVE DATE: 4/15/2011

APPROVED BY: 
DATE: 9/26/2024