

DRAFT OCR Supplemental County Response Map

Instructions: Use the response map to ensure you are including all applicable elements of the data request. Provide brief responses or links in the right column. For longer responses and associated documents, list the file name in the space provided and upload them separately to the secure portal. When complete, upload this response map to the secure portal as well. See the [OCR Response landing page](#) for more information.

Each request must have a response, including if it is not applicable, data not available, or affirmation of the use of materials provided by DCYF or DHS. We encourage you to highlight county-specific policies and practices.

Request	Response or name of document uploaded
1. Provide a written response to allegations that MDHS/DCYF is not in compliance with the requirements of Title VI, Section 504, and Title II of ADA.	
2. By county, list the names of each agency providing behavioral health services to children with disabilities residing at home. <ul style="list-style-type: none"> a. Describe the service, identify eligibility criteria, whether there is a wait list for services, and the number of children on the waitlist. b. For each child enrolled in behavioral health services, provide the following information: <ul style="list-style-type: none"> i. Case number ii. Age and race iii. Disability iv. Type of behavioral health service v. Community-based, residential, crisis, etc. vi. Contact information for service provider. 	
3. By county, list the number of foster children placed at PRTFs or QRTPs as of the date of this letter. <ul style="list-style-type: none"> a. Case number b. Age and race c. Disability d. Reason for placement in a residential setting e. Date of the placement f. Length of time in placement g. Treatment services provided h. Education services provided i. Name of facility (city and state). j. Distance of the child's legal guardian(s) from the placement k. Frequency of visitation with legal guardian(s), siblings, and relatives l. Form of visits with legal guardians, siblings, and relatives m. Copy of each foster child's habilitation plan n. Number of placements in PRTFs or QRTPs in the preceding three years. 	

4. By county, list the number of foster children placed at a out-of-state behavioral health facility as of the date of this letter.

- a. **Case number**
- b. Age and race
- c. Disability
- d. Reason for placement
- e. Date of the out-of-state placement and reason for placement out-of-state
- f. Location of the out-of-state behavioral health facility (city and state)
- g. Length of time the foster child has resided at the out-of-state behavioral health facility
- h. Treatment services provided
- i. Education services provided
- j. Distance of the child's legal guardian(s) from the child's placement
- k. Frequency of visitation with legal guardian(s), siblings, and relatives
- l. Form of visits with legal guardians, siblings, and relatives
- m. Copy of each foster child's habilitation plan
- n. Number of placements in the preceding three years.

5. By county, list the number of foster children placed at juvenile detention facilities as of the date of this letter.

- a. **Case number**
- b. Age and race
- c. Disability
- d. Type of placement (e.g., temporary, court order, voluntary, secured)
- e. Reason for placement
- f. Date of placement
- g. Location of placement (city and state)
- h. Length of time at the placement
- i. Treatment services provided
- j. Education services provided
- k. Distance of the child's legal guardian(s) from the child's placement
- l. Frequency of visitation with legal guardian(s), siblings, and relatives
- m. Form of visits with legal guardian(s), siblings, and relatives
- n. Copy of foster child's habilitation plan.

<p>6. By county, list the number of foster children boarded in county CPS agency offices and non-foster home settings (e.g., group homes, shelter care, etc.) as of the date of this letter.</p> <ol style="list-style-type: none"> a. Case number b. Age and race c. Disability d. Type of setting e. Reason for placement in non-foster home setting f. Length of time held in the setting g. Education services provided h. Behavioral health services provided i. Frequency of visits with legal guardian(s), siblings, and relatives j. Form of visits with legal guardian(s), siblings and relatives. 	
<p>7. By county, list the number of foster children boarded in county CPS offices and other non-foster home settings in the three years preceding the date of this letter. Provide the average number of nights foster children were boarded in county CPS offices and other non-foster home settings.</p>	
<p>8. By county, list the number of foster children held in emergency departments, psychiatric hospitals, or other residential facilities as of the date of this letter.</p> <ol style="list-style-type: none"> a. Case number b. Age and race c. Disability d. Date of placement in the facility e. Reason for placement f. Length of time the child has been held in the facility g. Type of facility h. Location of facility i. Education services provided j. Behavioral health services provided k. Frequency of visits with legal guardian(s), siblings, and relatives l. Form of visits with legal guardian(s), siblings, and relatives m. Reason for not providing services in a therapeutic foster home. 	

9. Please provide a copy of MDHS/DCYF and county CPS agencies policies and procedures regarding assessing the disability related needs of foster children with a disability.	
10. Provide copies of disability screening tools and materials used to assess the needs of individuals with disabilities, including foster children with disabilities.	
11. Describe how MDHS/DCYF and county CPS agencies provide specialized instruction, supportive services and/or reasonable accommodations/program modifications to foster children with disabilities.	
12. Describe actions taken by MDHS/DCYF and county CPS agencies to place foster children with disabilities in the most integrated setting appropriate to their needs.	
13. Provide a complete copy of training manuals, presentations, or other guidance used to train employees on the requirements of Section 504 and Title II of ADA.	
14. Describe how MDHS/DCYF monitors county CPS offices' compliance with Title VI, Section 504, and Title II of ADA.	
15. Provide a summary and disposition of all disability complaints received by MDHS/DCYF and county CPS agencies between 2019 and 2023.	
<p>16. Describe the responsibilities of county CPS office Section 504 coordinators. If the county has not designated a person as the Section 504 coordinator, then describe how county CPS agencies ensure compliance with Section 504 and the ADA.</p> <ul style="list-style-type: none"> a. Provide a copy of the resume of each person responsible for overseeing the county's CPS office's compliance with federal nondiscrimination laws. 	
17. Provide attendance rosters for county CPS agencies completion of training on federal nondiscrimination laws.	
<p>18. Provide copies of MDHS/DCYF and county CPS agencies Section 504 policies and procedures, including:</p> <ul style="list-style-type: none"> a. Copies of training materials including participant and instructor materials b. Frequency of training c. How training requirements are enforced. 	
19. Provide a copy of the county's notice of non-discrimination.	
20. Provide copies of non-discrimination policies and procedures, including but not limited to those related to discrimination on the basis of disability. Please include the effective date of these documents.	
21. Please provide information on how individuals can file a Section 504 grievance complaint with the county.	
22. Please provide any additional material you would like us to consider when determining MDHS/DCYF's compliance status.	