GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2023

Jillian Hines
Alden United Methodist Church
9015 Helena Road
Alden, MI 49612

RE: License #: DC050084974
Sprigs N Sprouts
Po Box 130
9015 Helena Road
Alden, MI 49612

Dear Ms. Hines:

This letter is to advise you that the 12/29/2022 corrective action plan you submitted, regarding each rule violation cited in the recently completed Interim Inspection Report, is approved.

You can find a copy of this corrective action approval letter and the associated report on our website under Statewide Search for Licensed Child Care Centers and Homes. A description of each type of report and corrective action plans can be found under Overview of Licensing Reports.

Violation cited	Noncompliance observed	Plan to correct	Date to be completed
MCL 722.115n Application … or renewal of license to operate child care center, …. care staff member; criminal history check; requirements; …	Ms. Julie Ferguson was not fingerprinted and cleared by the department prior to acting as a child care staff member.	Julie Ferguson had an was fingerprinted and her clearance is now on file. Moving forward, the program director will make sure that all staff members undergo a comprehensive background check and are found eligible by the department before working at the center.	12/05/2022

R 400.8110(3)(c) Applicant; licensee; licensee designee; requirements.	There was no comprehensive background check notice posted in the center.	The program director posted a laminated sign stating that the center requires a comprehensive background check on its employees and unsupervised volunteers was posted on the parent bulletin board. The program director will make sure that the background posting is always posted in a place visible/accessible to parents.	As of 12/19/2022 and ongoing
R 400.8110(6) Applicant; licensee; licensee designee; requirements.	None of the child care staff members documented daily arrival and departure times at the center.	The program director created a daily attendance sheet with staff and children's names for each classroom. Staff will document their arrival and departure times accurately upon arrival and just before they leave. The program director is responsible for making sure staff sign in/out daily and will check the clipboard to make sure staff are documenting their times.	As of 12/05/2022 and ongoing
R 400.8112(2)(b) Comprehensive background check; fingerprinting.	The following child care staff members did not have a completed Consent and Disclosure form on file: Ms. Hines, Ms. Katie Waggoner, and Mr. Scott Waggoner.	The program director printed the new and updated version of the consent and disclosure forms for staff. The forms were given to staff members to be completed and were placed into their staff file. The program director looked over the forms to make sure everything was filled out correctly. Moving forward checking the dates on the bottom of the forms to make sure they're the latest/ updated copy.	12/06/2022 to 12/09/2022 and ongoing
R 400.8112(2)(f) Comprehensive background check; fingerprinting.	Three former child care staff members and the previous PD/LD were not disconnected from the CCBC system.	Individuals that are no longer employed at Sprigs N Sprouts have been disconnected from the CCBC system. The program director will disconnect former staff members from the CCBC system after their last day of employment.	As of 12/06/2022 and ongoing

R 400.8112(5) Comprehensive background check; fingerprinting.	None of the completed Consent and Disclosure forms for child care staff members included all of the personally identifying information required by the rule.	The program director printed the new and updated version of the consent and disclosure forms for staff. The forms were given to staff members to be completed and were placed into their staff file. The program director looked over the forms to make sure everything was filled out correctly. Moving forward checking the dates on the bottom of the forms to make sure they're the latest/ updated copy.	12/06/2022 to 12/09/2022 and ongoing
R 400.8125(1) Staff; volunteer; requirements.	Ms. Hines did not ensure that all staff provided appropriate care and supervision of children at all times. A child took a bead that was on the floor in the preschool room and put it up his nose. Three children were bit by another child.	The program director and staff ensure that age-appropriate materials are in the classroom to reflect each child's age. Staff will move choking/swallowing hazards into locked cabinets out of reach of the children. The children in the preschool classroom will be supervised by the staff member in that classroom and by the program director.	As of 12/06/2022 and ongoing
R 400.8128 Staff; volunteer; tuberculosis.	Ms. Hines did not have pre-employment verification on file that each child care staff member was free from communicable TB, verified within 1 year before employment. Three other staff did not have TB test results on file. One staff member did not have the TB test results prior to working at the center.	The program director added evidence of a negative TB test to all staff member's files that were missing it. The program director will ensure all staff have a negative TB test on file at time of hire.	As of 12/07/2022 and ongoing
R 400.8131(1) Professional development requirements.	Ms. Ferguson and Ms. Shannon were not provided with an orientation before unsupervised contact with children.	The program director will make sure current staff have an orientation on policies and practices and licensing rules.	By 12/28/2022 and ongoing before working unsupervised

R 400.8131(11) Professional development requirements.	Child care staff member Ms. Ferguson, Ms. Waggoner, and Mr. Waggoner completed internal trainings on required health and safety training topics. Verification of these completed trainings were not on file at the center or on MiRegistry.	In each staff members file is a documented record of trainings that they have completed through MiRegistry. If a training has been completed outside of MiRegistry and a certificate has been offered that is in each staff members file. If a training has been completed where the program director needed to create a certificate, it states what was completed, the date of the training, and who attended the training. In the future the program director will have documentation of each staff members training record.	As of 12/05/2022 and ongoing
R 400.8134(2)(c) Hand washing.	Child care staff members did not wash their hands before serving food and feeding children.	The program director will make sure that all staff wash their hands before they give/serve children food. The program director reviewed handwashing procedures with current staff. The program director will review information about hand washing guidelines with all new hires before they work in the classroom. The program director will do random weekly spot checks by reviewing camera footage or doing in person observations of each classroom to make sure staff are washing their hands before serving food or feeding children.	As of 12/05/2022 and ongoing

R 400.8134(2)(e) Hand washing.	Ms. Ferguson did not wash her hands after each diapering.	Staff will wash their hands with soap and water each time after diapering children. The program director will review information about handwashing guidelines with all new hires before they work in the classroom. The program director will do random weekly spot checks by reviewing camera footage or doing in person observations of each classroom to make sure staff are washing their hands after diaper changes.	As of 12/05/2022 and ongoing
R 400.8134(3)(a) Hand washing.	Ms. Ferguson did not ensure that children washed their hands before snack.	Staff will make sure that all children wash their hands before meals and snacks. If they need help washing their hands a teacher will be available to help them wash their hands. For infants and toddlers, it is the caregiver's responsibility in those two classrooms to wash the children's hands, or use a wipe if applicable, and offer help to children that are able to wash their hands. The program director will do weekly spot checks to make sure staff are having children wash their hands before meals or snacks. The program director will add information about handwashing to the new hire orientation and review it with new staff prior to working with children.	As of 12/19/2022 and ongoing

R 400.8134(3)(b) Hand washing.	Ms. Ferguson did not wash children's hands after diapering.	Staff will make sure that their hands and the child's hands are washed after each diaper change. For infants and toddlers, it is the caregiver's responsibility in those two classrooms to wash the children's hands, or use a wipe if applicable, and offer help to children that are able to wash their hands. The program director will doo weekly spot checks to make sure staff are having children wash their hands before meals or snacks. The program director will add information about handwashing to the new hire orientation and review it with new staff prior to working with children.	As of 12/19/2022 and ongoing
R 400.8134(4) Hand washing..	Handwashing guideline signs were not posted by any of sinks used by staff and children.	The program director posted hand washing signs from the CDC stating the steps on how to wash hands properly in all of the classroom bathrooms and on the parent board by the office. Moving forward the program director will check weekly to make sure all of the signs are still posted in the classrooms and if any signs need to be replaced, they'll be replaced immediately.	As of 12/19/2022 and ongoing
R 400.8137(7) Diapering; toileting.	Diapering guideline signs were not posted in any of the diapering areas.	The program director posted laminated diapering guideline signs in each of the classrooms by the changing tables. Moving forward the program director will check weekly to make sure all of the signs are still posted in the classrooms and if any signs need to be replaced, they'll be replaced immediately.	As of 12/19/2022 and ongoing

R 400.8143(1) Children's records.	Ms. Hines did not obtain completed child information cards at the time of each child's initial attendance.	The program director went through all of the children's files and wrote down missing forms or forms that needed to be updated for each child on a sticky note and handed out forms for parents to sign and return to the center. Once the forms were returned and signed, they were placed into the child's file. Forms will be updated yearly for children. The program director will look over forms to make sure everything is filled out properly, if anything needs to be adjusted the program director will ask to have adjustments be made.	As of 12/19/2022 and ongoing
R 400.8143(2) Children's records.	Of the 10 child information cards reviewed, 5 were not reviewed by parents and updated annually in 2022.	The program director went through all of the children's files and wrote down missing forms or forms that needed to be updated for each child on a sticky note and handed out forms for parents to sign and return to the center. Once the forms were returned and signed, they were placed into the child's file. Forms will be updated yearly for children. Every three months families will review child information records.	As of 12/19/2022 and ongoing
R 400.8143(11) Children's records.	Ms. Hines did not maintain an accurate record of daily attendance at the center that included each child's arrival and departure time.	A paper copy of children's arrival/ departure times is on a clipboard in each classroom that staff use to document when the children arrive/depart. Before each staff member leaves for the day they'll take a look at the attendance sheet to make sure times are documented for that day.	As of 12/05/2022 and ongoing

R 400.8152(6) Medication; administrative procedures.	Ms. Hines did not ensure that child care staff members gave nonprescription medication according to the directions on the container.	Children that use over the counter medicine will have it documented and the staff member in that child's classroom will be aware of the age requirements and dosage of the medicine. If the child isn't old enough for the medicine, a doctors note with the dosage amount will be documented and in the child's file before staff administer the medication. The program director reviewed the medication requirement with current staff. The program director will add information about medication administration to the new staff orientation training, so all future staff are aware of the requirement.	As of 12/19/2022 and ongoing New staff training added by 12/31/2022
R 400.8152(8) Medication; administrative procedures.	Of the 10 child files reviewed, 5 were missing annual topical nonprescription medication permission.	The program director went through the child files of each child and if a child had an outdated or missing form of Topical Non-Prescription Medication Permission a new one was given to families to be filled out and returned to the center to be placed in the child's file. When children are enrolled is when they will get forms and either in August/ September or December/ January is when forms will be updated	As of 12/31/2022 and ongoing

R 400.8152(9) Medication; administrative procedures.	One child was given children's Tylenol without the child care staff member documenting the time, amount, or their signature on the department's form as required.	The Program Director will make sure that blank copies of the medication log form from child care licensing is in each classroom and ready for each staff member to fill out when needed. The program director will train current staff on medication documentation requirements and make sure staff document all required information on the form each time they administer medications. The program director will add this information to the new staff orientation training, so all future staff are aware of the medication documentation requirement.	As of 12/19/2022 and ongoing New staff training added by 12/31/2022
R 400.8161(3) Emergency procedures.	None of the required emergency plans previously posted in the center were present at the time of the inspection.	The program director printed out and laminated the emergency plans to post on the parent board for all staff and parents to see. The emergency plans are also posted in each classroom. The emergency plans will remain posted until updates need to be made.	As of 12/31/2022 and ongoing
R 400.8161(5) Emergency procedures.	Only one fire drill was conducted/documented in 2022.	The program director will make sure that quarterly fire drills are conducted. The fire drills will occur every three months. There will be a schedule of when drills will occur for staff to know. The drill dates will be established on a calendar, set in the program directors cell phone calendar, typed out on a piece of paper behind the attendance sheets on the attendance logs clipboard for staff members. A fire drill log is posted and will be implemented accordingly to the quarterly schedule.	As of 12/19/222 and ongoing quarterly

R 400.8161(6) Emergency procedures.	No tornado drills were conducted/ documented in 2022.	The program director will make sure that at least two tornado drills are conducted between the months of March through November. The program director will establish when the two tornado drills will occur. The drill dates will be established on a calendar, set in the program directors cell phone calendar, typed out on a piece of paper behind the attendance sheets on the attendance logs clipboard for staff members. A tornado drill log is posted and implemented twice a year during the months of March through November.	As of 12/31/2022 and ongoing
R 400.8164(3) Telephone service.	Emergency phone numbers as outlined above were not posted in a place visible to all staff.	The program director posted emergency phone numbers, poison control, and the address of the center on the parent board and in each of the classrooms.	As of 12/22/2022
R 400.8173(2) Equipment.	No recall list was posted in the center.	The program director posted the recall list from the LARA website to the parent board by the office and in all of the classrooms. The program director will sign up for email alerts from the department so that the new recall list is readily available and more accessible to post the latest version of the recall list.	As of 12/22/2022 and ongoing
R 400.8176(11) Sleeping equipment.	Porta-crib mattresses had an absorbent terrycloth covering.	The program director removed the non-absorbent mattress that was stacked on top of the absorbent mattress. The program director will make sure that all mattresses used in cribs are made of a waterproof material.	As of 12/02/2022 and ongoing

R 400.8176(12) Sleeping equipment.	PD/LD Ms. Hines did not ensure that there was no additional padding placed between the sheet and the porta-crib mattress. Porta-cribs had two mattresses stacked together beneath the fitted sheet.	The program director removed the thicker mattress from each of the porta cribs, so the only mattress that is inside of the porta-cribs is the mattress that came from the manufacturer. A tight-fitting crib sheet is on top of the mattress from the same manufacturer as the porta cribs. Moving forward the program director will make sure that all mattresses used in cribs are made by the crib manufacturer and that warning labels/ guidelines are always followed.	As of 12/02/222 and ongoing
R 400.8182(7) Ratio and group size requirements.	PD/LD Ms. Hines did not ensure that when children of mixed ages were present in the same room, the ratio and group size was determined by the youngest child in the group. On the morning of 12/02/2022, there were 8 children present, including a 27-month-old, with 1 child care staff member.	The program director is more aware of the ages of children that are enrolled in the center. The center has hired more staff to allow children to be back in their appropriate classrooms. Previously children that were in the toddler room were mixed in with children in the preschool room. The program director talked with the staff so everyone is aware that when children of mixed ages are together, the ratio of children to staff is based on the youngest child. If a larger group setting occurred with the toddlers and preschoolers, there will be a minimum of three staff for ratio coverage.	As of 12/19/2022 and ongoing
R 400.8185(2) Primary care.	A primary care system has not been established for infants and toddlers in care.	The program director printed out and began using the primary caregiver list from the department and filled in the proper information for all of the children and staff members. Moving forward, the program director will adjust the primary caregiver list so each infant and toddler has a primary caregiver.	As of 12/19/2022 and ongoing

R 400.8350(4) Toilets; hand washing sinks.	The adult-height sinks in the classrooms did not have platforms or step stools allowing children to access them independently.	The program director purchased a step stool for the bathroom used by children in the preschool classroom. Moving forward, the program director has checked in with staff to ask and make sure the step stools in the other classrooms are still functionable and if new ones need to be purchased, they will be bought.	As of 12/12/0222 and ongoing

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (231) 922-5309.

Sincerely,

Renee Libby, Licensing Consultant
Child Care Licensing Bureau
611 W. Ottawa Street
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Lansing, MI 48909
(231) 357-3087