



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 2, 2023

Chelsea Horton  
Lake Fenton Comm Schools  
11425 Torrey Rd  
Fenton, MI 48430

RE: License #: DC250394924  
**Lake Fenton Middle School**  
**11425 Torrey Rd**  
**Fenton, MI 48430**

Dear Ms. Horton:

Attached is your renewal inspection report. You can find a copy of this renewal inspection report and any associated corrective action plans on our [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of when renewal inspection reports are completed can be found under [Overview of Licensing Reports](#).

I observed children engaged in small groups, reading, free play, crafting, and snacks. The children seemed happy and content. The staff were nurturing and caring.

**During the renewal inspection on 1/31/2023, I found 5 violations. The violations are listed below and explained in the attached report:**

<b>R400.8128</b>	<b>Staff; volunteer; tuberculosis</b>
<b>R400.8131(5)</b>	<b>Professional development</b>
<b>R400.8131(11)</b>	<b>Professional development</b>
<b>R400.8143(1)</b>	<b>Children's records</b>
<b>R400.8146(2)</b>	<b>Information provided to parents</b>

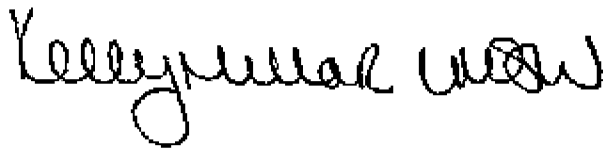
You gave us an acceptable written corrective action plan. We will send you a regular license in the mail.

<b>During calendar year 2022:</b>	<b>Total</b>
Number of serious injuries that occurred in facility.	<b>0</b>
Number of deaths that occurred in the facility.	<b>0</b>
Number of substantiated cases of abuse and/or neglect of a child that occurred at the facility.	<b>0</b>

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

**Per MCL 722.113g, this report and any related corrective action plans must be filed in your Licensing Notebook.**

Sincerely,



Kelly Millar, LMSW, Licensing Consultant  
 Child Care Licensing Bureau  
 611 W. Ottawa Street  
 P.O. Box 30664  
 Lansing, MI 48909  
 989-385-6683

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CHILD CARE LICENSING BUREAU  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	DC250394924
<b>Licensee Name:</b>	Lake Fenton Comm Schools
<b>Licensee Address:</b>	11425 Torrey Rd Fenton, MI 48430
<b>Licensee Telephone #:</b>	(810) 591-4141
<b>Licensee/Designee:</b>	Chelsea Horton, Designee
<b>Name of Facility:</b>	Lake Fenton Middle School
<b>Facility Address:</b>	11425 Torrey Rd Fenton, MI 48430
<b>Facility Telephone #:</b>	(810) 591-2584
<b>Original Issuance Date:</b>	08/28/2018
<b>Capacity:</b>	116
<b>Age Range:</b>	Ages 2 years 6 months Thru 5 years 0 months
<b>Program Components:</b>	PRESCHOOL

## II. METHODS OF INSPECTION

Date of On-Site Inspection(s): 01/31/2023  
 Date of Environmental Health Inspection: 10/17/2022  
 Date of Fire Safety Inspection: 01/06/2023  
 Date of Lead Hazard Risk Assessment, if applicable: NA  
 Date of Documentation of Playground Compliance, if applicable: NA

		No. of Records Reviewed
No. of children enrolled in care	121	30
No. of staff employed	17	17
No. of volunteers	2	2
No. of children present at time of inspection	71	
No. of staff present at time of inspection	11	
No. of volunteers present at time of inspection	0	
No. of children interviewed/observed	71	
Persons Interviewed:	Licensee/Licensee Designee	<input checked="" type="checkbox"/>
	Program Director	<input checked="" type="checkbox"/>
	Caregiving staff	<input type="checkbox"/>

Approved Child Use Space: Room 101, 102, 106, 110, 113, 115,  
 Approved Program Director: Chelsea Horton  
 Approved Central Administrator: None  
 Approved Variances: None  
 Key Indicator Inspection: No

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This renewal inspection involved a review of all applicable child care center administrative rules and statutes. Verification of compliance included direct observations of the physical environment and the program, discussions with staff, and a review of the center's records, including staff records and children's records. Staff records include background checks and training information. Children's records include child information cards, physical examination dates, and immunizations.

During the inspection, the center was found to be in compliance with all applicable rules and statutes except for the following violations:

**R 400.8128                    Staff; volunteer; tuberculosis.**

**A center shall keep on file at the center evidence to verify that each child care staff member and each volunteer who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis (TB). Verification of TB status is required within 1 year before employment or volunteering.**

The following staff do not have negative TB results on file; Amber Mulligan, Shelby Thornsberry, Tera Rader, Liliana Benjamin, Madelyn Rohen, and Ella Hunter.

**R 400.8131                    Professional development requirements.**

**(11) Verification of all professional development required by this rule must be kept on file at the center or online at MiRegistry. Verification must be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer, the topic covered, and the number of clock hours. Training hours from MiRegistry also meet this rule.**

The following do not have documentation of 16 hours of training in 2021 and/or 2022: Elisa Wittershcheim, Morgan Rohen, Shelby Thornsberry, Cynthia Srp, Tera Rader, Samantha Hathon, Chelsea Horton, Angelique Grayheck, Kristin Knapp, and Liliana Benajmin.

**R 400.8131                    Professional development requirements.**

(5) Within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry:

- (a) Administration of medication.
- (b) Prevention of and response to emergencies due to food and allergic reactions.
- (c) Building and physical premises safety.
- (d) Emergency preparedness and response planning.
- (e) Handling and storage of hazardous materials and appropriate disposal of bio-contaminants.
- (f) Precautions in transporting children, if applicable.
- (g) Child development.

The following staff do not have Health and Safety 1 and 2 completed; Amber Mullins, Shelby Thornsberry, Stephanie Stewart, Shameka Dunlap, Cynthia Srp, Hannah Zinser, Tera Rader, Samantha Hathon, Chelsea Horton, Angelique Grayheck, Kristin Knapp, Madelyn Rohen, Ella Hunter, and Liliana Benjamin.

**R 400.8143 Children's records.**

(1) At the time of a child's initial attendance, a center shall obtain a child information card, using a form provided by the department or a comparable substitute, that is completed and signed by the child's parent. The center shall keep it on file and accessible in the center.

Of the 30 child information cards reviewed, 30 had missing documentation including, date of admission, special needs/allergies, date of birth, permission for medical treatment, signature/date of parent.

**R 400.8146 Information provided to parents.**

(2) Written documentation that the parent received the written information packet, as required by subrule (1) of this rule, must be kept on file at the center.

Of the 30 children records reviewed 30 did not have a licensing notebook notification signed by a parent on file for review at time of inspection.

**Technical assistance and consultation:**

**R400.8161(8)** Program director will train staff on emergency procedures twice a year and retain documentation onsite for review.

**R400.8122(2)(e)** Program director will ensure individuals are connected and disconnected timely in the CCBC, and that it is accurately maintained.

**R400.8125(3)** Program director will retain onsite for all supervised volunteers their PSOR clearances.

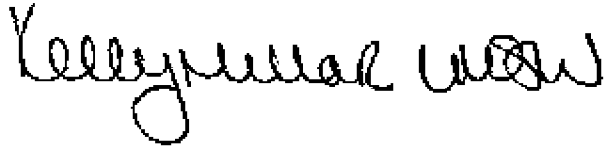
**R400.8315(1)** Program director will ensure all fridge's have a thermometer below 41 degrees.

**R400.8161(5)** Program director will ensure a fire drill is completed each quarter of the calendar year, not school year, maintain documentation onsite.

A corrective action plan was requested and approved on 01/31/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved 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.

**IV. RECOMMENDATION**

I recommend issuance of a regular license (capacity 116).

Handwritten signature of Kelly Millar in black ink.

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Kelly Millar, LMSW  
Licensing Consultant

2/2/2023  
Date