



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2023

Shannon Galla
Grand Traverse Bay YMCA
3700 Silver Lake Drive
Traverse City, MI 49684

RE: License #: DC280379266

YMCA Child Development Center
1027 McRae Hill Rd
Traverse City, MI 49685

Dear Ms. Galla:

This letter is to advise you that the 02/16/2023 corrective action plan you submitted, regarding each rule violation cited in the recently completed for the Licensing Study 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
R 400.8161(2)(h)	During the inspection, I found a child with asthma, a child with a milk protein allergy, and a child with an allergy to penicillin without an individualized chronic medical plan onsite.	Ms. Galla reported that all students with allergies or medical conditions will have an emergency care plan filled out by parents and director and kept with emergency backpack in that child's classroom. She will maintain compliance by reviewing forms and updating when needed. Any new students with allergies the form will be added to enrollment paperwork and completed before starting.	02/06/2023

R 400.8176(6)	During the inspection, I observed a six-month-old male infant asleep in an infant bouncer.	Ms. Galla reported that all infants will be moved to their cribs as they are starting to show they are tired or falling asleep. Children will not be allowed to sleep in bouncers or anywhere but their crib. All infant staff will take safe sleep training again. The program director will monitor and do daily check ins to ensure safe sleep is being followed. Safe sleep will be maintained by constant training and direction from the Director on the importance of safe sleep practices. Also, all infant staff will complete safe sleep training twice a year.	02/06/2023
R 400.8550(6)	QFI Inspector Art Shaw reported Portable sinks are used in several use rooms that contain a stored water source and a wastewater container and are plugged into an electrical receptacle. Any electrical receptacle withing 6 feet of a water source needs to have ground-fault circuit interrupter (GFCI) protection.	Ms. Galla reported compliance will be maintained by ordering GFCI for all portable sinks. The program director will do daily checks to make sure they are working and replace them when needed.	01/07/2023
R 400.8520(3) R 400.8520(4)	QFI Art Shaw reported basic materials in all other areas shall be class C or III. QFI Art Shaw reported interior finish material more hazardous than class C or III is prohibited in child use areas.	Ms. Galla reported that the wood paneling in room 107 will be painted with appropriate fire protection paint. To maintain compliance, she will keep documentation on these changes.	01/17/2023

R 400.8520(6)	<p>QFI Art Shaw inquired about the interior finish rating of the paneling on a wall in room 107? He reported that a minimum class C interior finish rating is required. It appears that this paneling has been in place for some time even prior to licensing. If this is the case a fire-retardant coating can be applied to meet this requirement. If a coating is applied be able to show what the product is, and how it was applied to meet the manufacturer's thickness requirements.</p>	<p>Ms. Galla reported that the sound proof paneling around the top of the gym will be removed.</p>	<p>Within 60-90 days of 1/06/2023.</p>
R 400.8525(1)	<p>QFI Art Shaw reported that The Technical Assistance Handbook used by the plan reviewers and the QFI indicates when a basement is not considered a basement as defined in these rules. In this building rooms 110, and 100 have direct exiting to the outdoor. Room 109 exits through room 110. Rooms 111, and 112 exit through room 100. There is a corridor that services these room and rooms 108, 107, and 114 that has a direct exit to the outdoors. This corridor continues around the back of the center and ends at a door that access a short corridor that accesses the kitchen area and room 100. The floor plans indicated that the</p>	<p>Ms. Galla reported that a fire proof door will be installed at the emergency exit stairs. The program director will continue to follow up on installation progress until the door is installed. The program director will also document progress daily.</p>	<p>01/07/2023 And ongoing to installation.</p>

	<p>door at the end of the corridor swings into the corridor, so it is not an exit from the corridor. At this end of the corridor there are boys and girls toilet rooms and a library in a bump out in the corridor. Before reaching the library there is a stairway to the main level with an exit door at the top of the stairway. This upper level also serves as a means of egress from the main floor level which is not used by the childcare program.</p> <p>The Technical Assistance Handbook notes that while the childcare center level is not being treated as a basement this stairway must be treated as an enclosed stairway for exiting purposes, the same as a basement. This stairway (106) will need to be enclosed to have a 1-hr fire resistance rating so that once a person enters the stairway from the lower level the door to the stairway will close and limit smoke and heated gases from entering. If a variance request were to be made and granted the floor separation at the main floor level does not meet the requirements for a 30-minute rated fire separation. These requirements are that same</p>		
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	going back into the 2002 edition of the rules. Note this is not the same for room 100. Room 100 has a direct exit. The exit corridor being discussed is technically a dead-end corridor and must have 2 ways out.		
R 400.8530(1)(c)(i)	QFI Art Shaw reported that the area under the stairway 106 is being used for storage. There are 2 halves to this area, that directly under the stairway and that under the approach landing above. There is a door between these 2 halves which was found to be open during this inspection. Ensure that this storage area is constructed to have a 1-hr fire resistance rating and the door from the corridor to this space is a minimum 1-hr fire rated fire door and frame assembly with an approved self-closing device and positive latching hardware.	Ms. Galla reported that appropriate fire resistance doors will be installed to meet fire codes. The program director will monitor and document the installation progress.	02/10/2023 and ongoing until installation is complete.
R 400.8530(9) R 400.8530(10)	QFI Art Shaw reported that the center shall not store flammable materials, including fuels, pressurized cans, cleaning fluids and supplies, polishes, and matches, in heat plant enclosures. These items may be stored outside of child use areas in metal cabinets or storage	Ms. Galla has removed all items from the boiler room. To maintain compliance, she will check the boiler room each morning to ensure the boiler room is not being used for storage.	01/07/2023

	<p>facilities accessible only to authorized personnel.</p> <p>QFI Art Shaw reported that the center shall not store combustible materials within the central heating plant or fuel-fired water heater rooms or in basements containing fuel-fired heating equipment, without a proper fire separation.</p>		
R 400.8515(6)	<p>QFI Art Shaw reported that the second exit from room 100 is a stairway leading to an exit on the north side of the building. At the time of this inspection 1 of 2 door opening into this stairway landing as propped open. This door is required to be kept closed unless it is held open and an electrical-magnetic hold open device that is tied to the fire alarm system. Ensure that these doors do not any kick down hold devices or brick or stones, etc. to hold the doors open.</p>	<p>Ms. Galla reported that she is working with the church to ensure that all fire doors are closed and not propped open. She will be monitoring the doors by conducting daily checks to ensure the fire doors are closed.</p>	01/07/2023
R 400.8540(1)	<p>QFI Art Shaw reported that the center must provide documentation that sensitivity testing of the smoke detectors has been conducted within the last 5 year. Sensitivity testing is supposed to be completed within 1 year after the system was installed and every 2 years after that for</p>	<p>Ms. Galla will schedule a sensitivity test to be done on all fire alarms. The test was completed on 01/06/2023.</p>	01/06/2023

	a total of five years. If there is no change in the sensitivity compared to the manufacturer's listing that the next test is 5 years after the last test. If there is a change or if a smoke detector has been changed you are back to the beginning.		
R 400.8540(2)	QFI Art Shaw reported that the center needs to have a carbon monoxide alarm if it is not a part of the fire alarm system. If the center has a standalone CO alarm document that they are maintaining the CO alarm in accordance with the manufacturer's installation and maintenance requirements.	Ms. Galla ordered a carbon monoxide detector and placed it in an appropriate area. The program director will ensure that it is working properly, and she will replace it as needed.	01/07/2023
R 400.8550(1)	QFI Art Shaw reported that the center must ensure that there is 3 feet of clearance in front of all electrical panel in the boiler room.	Ms. Galla removed the large salt bucket, so it was no longer in the boiler room and she ensured that it was not blocking any electrical panels. The program director will check to ensure no items are blocking the electrical panel each day.	01/07/2023

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,

A handwritten signature in cursive script that reads "Codie Mayhew".

Codie Mayhew, Licensing Consultant
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