



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2023

Lisa Potvin
Premier MI Jackson LLC
Suite 1910
233 N. Michigan
Chicago, IL 60601

RE: License #: DC380402737
Investigation #: 2023D0104011
ABC Academy Child Care & Dev. C

Dear Ms. Potvin:

I conducted a special investigation because the child care licensing bureau received information regarding your facility that related to licensing rules or law. The information was related to the following:

R400.8110(7)	Applicant; licensee; licensee requirements.
R400.8125(1)	Staff; volunteer. Requirements.
R400.8137(6)	Diapering; toileting.
R400.8330(3)	Food services and nutrition generally.
R400.8330(4)	Food services and nutrition generally.

The details of the information are in the attached report. To investigate:

- I interviewed the person who made the complaint, program director, licensee, licensee designee, child care staff members, and parents.
- I completed on-site inspections on the following dates: 3/6/2023 and 3/27/2023.

As a result of this investigation, I found the following violation(s):

R400.8125(1)	Staff; volunteer. Requirements
R400.8170(9)	Outdoor play area.

I recommend issuance of a 1st provisional license. If you accept the provisional license, you must sign and return the enclosed waiver form. If you do not accept the provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you don't accept the provisional license, you must still send us an acceptable corrective action plan.

Due to the violations, you must send us a corrective action plan by 7/21/2023. You can use our [corrective action plan](#) form or create your own.

If you need help writing the corrective action plan, please contact me. If you do not send a corrective action plan, you may face disciplinary action. The corrective action plan must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

During this special investigation:	Yes	No
A rule or law violation was found and a serious injury or death occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A rule or law violation was found and abuse and/or neglect of a child occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This report and any related corrective action plans must be filed in your licensing notebook. This report and any related corrective action plans will be online for parents to review under the [Statewide Search for Licensed Child Care Centers and Homes](#).

Please review the enclosed documentation for accuracy and 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.

Sincerely,



Timothy A Swope, Licensing Consultant
Child Care Licensing Bureau
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 262-9838

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CHILD CARE LICENSING BUREAU
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	DC380402737
Investigation #:	2023D0104011
Complaint Receipt Date:	03/02/2023
Investigation Initiation Date:	03/06/2023
Report Due Date:	05/01/2023
Licensee Name:	Premier MI Jackson LLC
Licensee Address:	Suite 1910 233 N. Michigan Chicago, IL 60601
Licensee Telephone #:	(517) 783-3040
Administrator:	Lisa Potvin, Designee
Licensee Designee:	Lisa Potvin, Designee
Name of Facility:	ABC Academy Child Care & Dev. C
Facility Address:	800 Laurence Street Jackson, MI 49202
Facility Telephone #:	(517) 783-3040
Original Issuance Date:	10/15/2020
License Status:	REGULAR
Effective Date:	03/19/2021
Expiration Date:	03/18/2023
Capacity:	84
Program Type:	CHILD CARE CENTER

II. ALLEGATION(S)

	Violation Established?
On 3/1/23, the center did not allow Witness 1 to pick up Child A from care despite Child A's Mother calling the center to give verbal permission for Witness 1 to pick up Child A. The center was rude and informed her that Witness 1 was not on the pickup list and its policy.	No
The center did not communicate to Child A's Mother about the center providing lunch for the children. Child A was fed a banana despite knowing she was allergic to bananas. In addition, Child B (age 2 years, male) has lost five pounds since the center began providing meals for the children.	No
The center doesn't change Child A's diaper. On 3/1/23, Child A's diaper was wet with dry pee.	No
Child B has sustained numerous injuries in the past two weeks. Two weeks ago, Child B fell on the playground and hit his face requiring three stitches. On 3/24/23, Child B shut his left pinky in a door at the center causing his pinky to be hanging by a thread.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/02/2023	Special Investigation Intake 2023D0104011
03/06/2023	Special Investigation Initiated - Onsite from 10:45 a.m. until 12:00 p.m. - Interview with Ms. Sadie Yoder program director and Child Care Staff Member (CCSM) 1. Observation of toddler room.
03/27/2023	Contact - Telephone interview with Complainant 2 regarding allegations.
03/27/2023	Contact - Telephone interview with Child B's Mother.
03/27/2023	Inspection Completed On-site Second unannounced onsite inspection from 10:45 a.m. until 1:15 p.m. Interview with Ms. Sadie Yoder, program director, CCSM 2, CCSM 4, CCSM 5, and CCSM 6.

03/27/2023	Contact - Attempted telephone interview with CCS7 7 - no answer.
03/30/2023	Contact – document sent Notice of Serious Incident emailed to the department and area manager, Darlese McConnell.
06/06/2023	Contact - Attempted telephone interview with CCSM 7 - no answer.
06/06/2023	Contact - Telephone interview with CCSM 3.
06/06/2023	Contact - Attempted telephone i interview with Child A's Mother - no answer.
06/09/2023	Contact - Telephone interview with Child C's Mother.
06/09/2023	Contact - Attempted telephone interview with Child D's Mother - left message.
06/20/2023	Inspection Completed-BCAL Sub. Non-Compliance
06/20/2023	Attempted Exit Conference with Ms. Potvin, licensee designee. – left message.

ALLEGATION: On 3/1/23, the center did not allow Witness 1 to pick up Child A from care despite Child A's Mother calling the center to give verbal permission for Witness 1 to pick up Child A. The center was rude and informed her that Witness 1 was not on the pickup list and its policy.

INVESTIGATION: On 3/6/23, I conducted an unannounced onsite inspection to the center and interviewed Ms. Sadie Yoder, program director and child care staff member 1 (CCSM 1), assistant director. I informed Ms. Yoder and CCSM 1 of the allegations. Both Ms. Yoder and CCSM 1 acknowledged the allegation stating that on 3/1/23, Child A's Mother called the center just before Witness 1 arrived at the center to inform them that he would be picking up Child A from care. Ms. Yoder explained to Child A's Mother that she needed to come into the office and fill out a new child information card to add Witness 1 as a person authorized to pick up Child A from care as they do not do these types of changes over the telephone. Shortly after the phone call, Witness 1 showed up at the center informing them that he was here to pick up Child A (age 2 ½ years female) from care. Ms. Yoder did not know Witness 1 and told him that he was not listed on Child A's child information record as a person identified to pick up Child A from care. Ms. Yoder said the CCSM informed Witness 1 of the center's policy regarding children's pick up and how the center

identifies all persons arriving to pick up children and how the child can only be released to persons authorized by the parents on the child information record. Witness 1 got angry and used profanity stating how this was a "stupid rule." The center provided Witness 1 with a new child information card for Child A's Mother to complete authorizing him to be named as a person allowed to pick up child A from care. Witness 1 left the center with the new information card. Approximately 10-15 minutes later, he returned back to the center with the new card filled out containing his name authorizing him to pick up Child A from care. Witness 1 handed the new child information card to Ms. Yoder and CCSM 1. Ms. Yoder explained to Witness 1 that she was still unable to release Child A to him as the center could not verify that Child A's Mother filled out the new child information record authorizing him to pick up child A from care. According to Ms. Yoder, Witness 1 was still angry and began screaming and using profanity. Ms. Yoder asked Witness 1 to wait in the parking lot as his behavior and language was not appropriate. Witness 1 came back into the center to speak with CCSM 1 requesting the center's policy regarding child pick up. The center informed Witness 1 that due to his disruptive behavior; they would be requesting the police department come to assist in this manner. After hearing that the police department was called, Witness 1 got into this vehicle and sped out of the parking lot. When the police officer arrived at the center, Ms. Yoder informed them of the incident. The police officer informed Ms. Yoder to call and request an officer to be dispatched to the center if he returns to the center. Around 4:30 p.m., Child A's Mother and Witness 1 came back to the center to pick up Child A from care, they both were upset. Ms. Yoder and CCSM 1 explained to Child A's Mother why they were unable to release Child A to Witness 1. Ms. Yoder explained since she was not present with Witness 1 when he brought back the completed child information record, they were unable to verify she completed the child information record. Child A's Mother looked over the new child information record and initialed next to her signature acknowledging that she completed the new child information card naming Witness 1 as Child A's Father and authorizing him to be a person eligible to pick up Child A from care. Witness 1 was still upset and said the center was "kidnapping" Child A when they refused to allow him to pick her up from care. Ms. Yoder and CCSM 1 reiterated to Child A's Mother and Witness 1 that it is the center's policy to verify in person all changes that are made when it applies to adding individuals as persons authorized to pick up their children from care. Ms. Yoder explained that this policy was put in place as a safety measure to provide the children with safety and assure the children are being released to the actual persons authorized by the parents.

On 3/27/23 and 6/6/23, I separately interviewed CCSM2 and CCSM 3. I informed them of the allegation. Both CCSM 2 and CCSM 3 acknowledged Ms. Yoder's statement regarding Witness 1 showing up at the center to pick up Child A without having prior authorization. They verified the centers policy requiring those changes needing to be made in person in order to assure for the child's safety and verifying the person named is actually the person eligible to pick up the child from care. Both CCSM 2 and CCSM 3 acknowledged the center requiring each person to show pictured identification at the time of pick up to assure the child is being released to

an authorized person named on the child information record. I reviewed Child A's information record. On 3/1/23, Witness 1 was not listed on the initial child information record as a person eligible to pick up Child A from care nor was he identified as Child A's Father on the card. There was a separate child information card completed on 3/1/23, identifying Witness 1 as Child A's Father and identifying him as a person eligible to pick up Child A from care. Both CCSM 2 and CCSM 3 acknowledged Ms. Yoder's statement regarding Witness 1 not being allowed to pick up Child A from care 3/1/23. They said Witness 1 was angry and had to be asked to leave the center. Later in the day at the time of pick up; Witness 1 came back to the center with Child A's Mother. Child A's Mother verified the new child information card was completed by her and Child A was able to leave with them.

On 6/9/23, I interviewed Child C's Mother via telephone. Child C (age 2 ½ years female) has attended care at the center for approximately 2 years. Child C's Mother did not express any overall concerns regarding the care and supervision the center provides to Child C each day.

On 6/9/23, I attempted to interview Child A's Mother and Child D's Mother without success.

APPLICABLE RULE	
R 400.8110	Applicant; licensee; licensee designee; requirements.
	(7) A child shall only be released to persons authorized by the child's parent or guardian.
ANALYSIS:	The center ensures child care children are only released to persons authorized by the child's parent or guardian.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The center did not communicate to Child A's Mother about the center providing lunch for the children. Child A was fed a banana despite knowing she was allergic to bananas. In addition, Child B (age 2 years, male) has lost five pounds since the center began providing meals for the children.

INVESTIGATION: On 3/6/23, I conducted an unannounced onsite inspection to the center and interviewed Ms. Sadie Yoder, program director and CCSM 1. I informed Ms. Yoder and CCSM 1 of the allegations. Both Ms. Yoder and CCSM 1 acknowledged that on 2/21/23, all parents were made that the center would start providing meals for the children. Ms. Yoder said all the parents were notified by email, in person and through text messages of the upcoming change from September of 2022 until the change happened in February of 2023. Both Ms. Yoder and CCSM 1

said the center only used to provide beverages and snacks for the children, however the center switched to also providing meals to expose the children to eating more healthy and nutritional food items at each meal. Ms. Yoder and CCSM 1 denied Child A being fed a banana despite being allergic. Ms. Yoder and CCSM 1 said there is an allergy food alert list available in the ProCare application and in the classroom. On 3/1/23, Ms. Yoder and CCSM 1 said Child A had cereal, milk and applesauce for breakfast. Lunch consisted of chicken nuggets, corn, oranges, bread and water. When Ms. Yoder and I reviewed the Tadpole information system, all the mealtimes and food items were noted on the system along with comments that said Child A ate all of her nuggets, some of her corn, most of her oranges, most of her bread, and drank most of her water. Afternoon snack consisted of vanilla wafers and milk. Although the afternoon snack listed on the menu was a banana, due to Child A having a food allergy to bananas, she was offered a substitute for the banana that consisted of vanilla wafers. Ms. Yoder and CCSM 1 reiterated that Child A was not fed a banana but rather had a food substitution that was inputted into the Tadpole information system by the CCSM's on 3/1/23.

Regarding Child B losing weight in the past 3-4 weeks since the center began their new food program, Ms. Yoder and CCSM 1 said when they first started providing meals for the children it was an adjustment for some children as they were being exposed to different food items they were not used to ingesting. During this time, the CCSMs encouraged the children to try the different food items but never forced them to eat any food items they didn't want to. Ms. Yoder and CCSM 1 said there is always extra food items available for the children, therefore if something is served the children don't like, they can have extra of another food they do like. Ms. Yoder and CCSM 1 said the center posts the snacks and meals provided for the children each day for the parents to view. In addition, the CCSMs also input the children's daily food intake in the Tadpole information system each day to inform the parents of what and how much food their child ingested each day. Ms. Yoder and CCSM 1 said there are some children enrolled in care with special diets; with these children, the center works with the parents to assure the children are being provided with daily nutritional snacks and meals whether it is provided by the center or children's parents. Overall, Ms. Yoder and CCSM 1 feel the experience of the center providing meals and snacks for the children has been a great success, as now the children are being provided healthy and nutritional snack and meal items each day. Most parents have informed Ms. Yoder that they like that the center is providing meals for their children each day. She said all their snacks and meals are prepared in accordance with the Children and Adult Care Food Program requirements.

On 3/27/23, I interviewed Child B's Mother via telephone. Child B's Mother acknowledged the center beginning a new food program in February of 2023 when they started providing the children with the meals and snacks in accordance with federal requirements. Child B's Mother said the children began eating cold fruit and cereal, meatball subs and foods the children were used to eating. During that timeframe, Child B's Mother said Child B lost five pounds in a 3-to-4-week period.

On 3/6/23 and 3/27/23, during my unannounced onsite inspection at the center, I observed the toddler room during lunch mealtime. There were eight toddler-aged children sitting at the table eating with two CCSMs. The CCSMs were seated at each table assisting the children with lunch. As you enter the classroom, there is an allergy food alert board that lists all the children and their known allergies; Child A's name was listed on this notification with a banana food allergy. The children had milk, corn, peaches, and beef spaghetti pasta. The morning breakfast consisted of milk, banana and crisp rice cereal. Child A's food substitute for the banana was vanilla wafers in lieu of the banana. All the CCSMs interactions with the children were positive and nurturing during my observation; they encouraged the children to try foods and assisted them with eating during the mealtime.

On 3/27/23 and 6/6/23, I separately interviewed CCSM 2 and CCSM 3. I informed them of the allegation. Both CCSM 2 and CCSM 3 confirmed the center began providing breakfast, lunch and snacks for the children on 2/21/23. They acknowledged Ms. Yoder's statement regarding all the families being made aware of the upcoming change in the center providing all meals and snacks for the children since September of 2022. They routinely reminded the children's families of the upcoming change via letters, email, text messages and in person. Both CCSM 2 and CCSM 3 denied Child A being fed a banana and acknowledged all the alert board posted in each classroom identifying the child's name and foods allergen. On 3/1/23, both CCSM 2 and CCSM 3 confirmed Ms. Yoder's statement regarding Child A not being fed a banana but rather her being provided with a food substitute that consisted of vanilla wafers. Both CCSM 2 and CCSM 3 said this substitution was noted in the Tadpole information system. Regarding Child B losing weight, both CCSM 2 and CCSM 3 were unaware of Child B having any significant weight loss and described him as a good eater. They said when they first began exposing the children to the new and healthy meals, it was an adjustment as some of the children were not used to eating fruits and vegetables every day. CCSM 2 and CCSM 3 said they encouraged the children to try the new foods but would not force them to eat anything they didn't want to. CCSM 2 and CCSM 3 said during snack and mealtimes there are extra food items available for the children, so if something was served that the children did not like, the children can get extra of the food items they did eat. CCSM 2 and CCSM 3 acknowledged inputting the children's food intake into the Tadpole information system each day.

On 6/9/23, I interviewed Child C's Mother via telephone. Child C's Mother said Child C has eating issues and collectively communicates with the center on a daily basis regarding Child C's eating. Child C acknowledged the center making her aware of the changes in them providing meals and snacks for the children on numerous occasions. Child C's Mother said she likes the program and likes that Child C is being exposed to a variety of healthy food and snack items. Child C's Mother still provides the center with we meal to assure she eats but said the center offers Child C their snacks and meals each day.

On 6/9/23, I attempted to interview Child A's Mother and Child D's Mother without success.

APPLICABLE RULE	
R 400.8330	Food services and nutrition generally.
	(3) Beverages and food must be appropriate for the child's individual nutritional requirements, developmental stages, and special dietary needs, including cultural preferences.
ANALYSIS:	The center provides the children with beverages and food that is appropriate for the child's nutritional requirements. Since February of 2023, the center provides the children with meals and snacks in accordance with the Children and Adult Care Food Program requirements. The center began informing all the parents of the food program component change in September of 2022.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.8330	Food services and nutrition generally.
	(4) A center shall ensure a child who has special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions of the child's parent or licensed health care provider.
ANALYSIS:	The center ensures children with special diets are provided with meals and snacks in accordance with the child's needs. On 3/1/23, Child A was not fed a banana for her snack but rather provided with vanilla wafers to replace the banana.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The center doesn't change Child A's diaper. On 3/1/23 Child A's diaper was wet with dry pee.

INVESTIGATION: On 3/6/23, I conducted an unannounced onsite inspection to the center and interviewed Ms. Sadie Yoder, program director and CCSM 1. I informed Ms. Yoder and CCSM 1 of the allegations. Both Ms. Yoder and CCSM 1 denied Child A being in a soiled diaper for an extended period of time. Ms. Yoder and CCSM 1 said the center's policy regarding diaper changes is to check them frequently, at least every 2 hours and change on demand if the child has a wet or soiled diaper. I reviewed the information inputted into the Tadpole information system. According to the tadpole information system, on 3/1/23, Child A's diaper was checked and changed on the following times:

- 8:20 am – checked and dry
- 10:15 am – wet and changed
- 11:35 am – checked and dry
- 1:24 pm – wet and changed
- 3:16 pm – bowel movement – changed
- 5:00 pm wet and changed

Ms. Yoder said Child A was picked up from care on 3/1/23 at 5:07 p.m. Ms. Yoder and CCSM 1 said at the time of pickup, Child A's pants were wet from water due to the children just returning from outdoor play shortly before Child A was picked up from care. While outdoors, the children were playing in puddles. Ms. Yoder further explained that Child A's Mother did not accurately set up her Tadpole account when she enrolled Child A into care. She never made administration aware of her having problems with setting upper Tadpole account and rejected the Tadpole application which may be why she was not aware of the diaper changes that were inputted into the tadpole system by the CCSM on 3/1/23.

On 3/27/23 and 6/6/23, I separately interviewed CCSM 2 and CCSM 3. I informed them of the allegation. CCSM 2 and CCSM 3 both denied any child being left in a soiled diaper as their diaper changing policy requires them to check and change the children's diaper at least every 2 hours or as needed. On 3/1/23, CCSM 2 and CCSM 3 worked with Child A and acknowledged her diaper being changed at least every two hours throughout the day. Both CCSM 2 and CCSM 3 also acknowledged them recording the diaper changes into the Tadpole information system. CCSM 2 and CCSM 3 said on 3/1/23, during the afternoon outdoor play, Child A had wet pants due to her playing in the puddles while outdoors rather than her having a soiled diaper. They acknowledged Child A having her diaper changed when they returned from outdoor play just before Child A's Parents arrived to pick her up from care.

On 6/9/23, I interviewed Child C's Mother via telephone. Early on, Child C's Mother said there were some occasions where the CCSMs were not changing Child C's diaper when wet nor documenting it on the Tadpole information system. This was addressed in a previous special investigation (SIR#2023D0104009). Since these

incidents, Child C's Mother spoke with Ms. Yoder of her concerns and there have been no more incidents when Child C came home with a wet or soiled diaper. Child C's Mother said on those specific incidents when Child C's diaper wasn't changed or documented there was a substitute CCSM working in the classroom. Child C's Mother said all of Child C's CCSMs are great and provide Child C with quality care each day.

On 6/9/23, I attempted to interview Child A's Mother and Child D's Mother without success.

APPLICABLE RULE	
R 400.8137	Diapering; toileting.
	(6) Diapers and training pants must be checked frequently and changed when wet or soiled.
ANALYSIS:	The center routinely checks the children's diapers diaper, at least every two hours, and changes them when wet or soiled. On 3/1/23, Child A's pants were wet from water at the time of pick up due to her playing in a puddle while engaged in outdoor play activities.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Child B has sustained numerous injuries in the past two weeks. Two weeks ago, Child B fell on the playground and hit his face requiring three stitches. On 3/24/23, Child B shut his left pinky in a door at the center causing his pinky to be hanging by a thread.

INVESTIGATION: On 3/24/23, I reviewed two incident reports submitted to the department from the center regarding Child B sustaining injuries while in care at the center. According to the first incident report, on 3/9/23 at approximately 10:15 a.m., Child B was stepping up onto the stepping platform of the climbing play structure. Child B's foot slipped, causing him to fall and hit his mouth on the platform. The center informed Child B's Mother of the incident. Child B was picked up and taken for a medical examination. Child B received three stitches on his mouth lip area.

The second incident report indicated on 3/24/23 at approximately 9:30 a.m., Child B opened and closed the half door located in the toddler room. While closing the half door, Child B pinched his left pinky finger in the doorjamb.

On 3/27/23, I interviewed Child B's Mother via telephone. Child B's Mother confirmed the above-mentioned incidents, stating that on 3/9/23 while playing outdoors Child B

fell and hit his face. A couple weeks later, on 3/24/23, Child B was able to open a door and got his hand shut in the door. Child B's Mother was unsure what door this was but suggested that it may have been the door that leads to the outdoor play area from their classroom. Child B's Mother said Child B had to be taken to the emergency room due to his pinky finger only being attached to his hand by a "thread." Child B's Mother said that there have been times when Child B has come home with bruises and the CCSMs never know what happened. Child B's Mother feels the center does not have any safety locks or appropriate security measures in place to keep Child B safe.

On 3/27/23, I conducted a second unannounced onsite inspection to the center and interviewed Ms. Sadie Yoder, program director and CCSM 1. I informed Ms. Yoder and CCSM 1 of the allegations. Ms. Yoder and CCSM 1 acknowledged both incidents having occurred to Child B. On 3/9/23, while engaged in outdoor play, Child B was stepping up onto the stepping platform of the large climbing structure when his foot slipped causing him to fall and hit his mouth on the platform. Child B's mouth/lip was cut. The CCSMs immediately provided first aid by comforting him and cleaning the wound. They applied ice to Child B's mouth/lip. Child B's Parents were notified of the incident. They picked him up from care around 11:30 a.m. and took him for a medical examination. Child B received three stitches in his mouth/lip area.

On 3/24/23, at approximately 9:30 a.m., Child B opened and closed the half door located in the toddler room on his left pinky finger. Child B got his left pinky finger caught in the doorjamb of the half door when he closed it. Child B's Parents were immediately notified of the incident. Child B's Grandparent picked Child B up from care and took him to the emergency room. Ms. Yoder and I reviewed the video footage of the second incident occurring on 3/24/23. On 3/34/23, CCSM 5, and CCSM 6, and CCSM 7 worked in the toddler room with eight toddler-aged children that included Child B. Child B was observed wandering around the classroom during the video footage. Child B momentarily walked over to the half door, opened the half door, momentarily walked over to the toddler transition area located on the other side of the divided half door, came back into the toddler area, and shut the half door. When Child B shut the half door, he had his left hand placed near the doorjamb causing his left pinky to get shut in the doorjamb. At the time of the incident, all the CCSMs were engaged with the children in the toddler room. CCSM 7 was sitting with a child who was not herself and having some behavioral issues. CCSM 6 was picking up the area as they had just transitioned from a freedom of choice activity and CCSM 5 was talking with a group of children. After Child B shut his pinky into the doorjamb, he began to cry. Both CCSM 5 and CCSM 6 immediately responded. CCSM 6 held Child B in her arms while applying a gauze wrapping to his hand to help control the bleeding. Ms. Yoder came into the toddler room to assist. CCSM 5 assisted with cleaning up the room and helping with the other children in the classroom.

Regarding Child B having unexplained injuries while in care, both Ms. Yoder and CCSM 1 said when a child gets injured while in care an accident/incident form is

completed, and the parents are notified immediately either by telephone or in person at the time of pick up depending on the severity of the injury. Both Ms. Yoder and CCSM 1 said due to the ages of the children in care there are a lot of times the children have unexplained marks or bruises from falling and playing as they are still mastering their developmental skills. Both Ms. Yoder and CCSM 1 deny the CCSMs not having knowledge of children's injuries as both of Child B's recent injuries were reported immediately to Child B's Parents via telephone. Ms. Yoder and CCSM 1 also deny the toddler room being unsafe. All the cupboards located counter level and below contain child safety locks to assist in preventing children from gaining access to items being stored inside. All items that pose a risk of harm to the children are stored in a secured location that is not accessible to the child care children.

On 3/27/23, during my unannounced onsite inspection, I observed the centers premises. The center is located in a one-story building located in Jackson, Michigan. The center uses five rooms as approved child use space: infant room, toddler room, preschool room, PreK room, and the GSRP room. The toddler room consists of a large room that is divided into two separate defined areas by a half wall and half door. One area is the toddler area and the other is the toddler transition area. Both areas serve toddler aged children ranging in ages of 1 – 3 years old. All the cupboards that are below counter level accessible to the children contained child safety locks. During my observation, I did not observe any hazardous items accessible to the children. Although the half door did not have a safety cover, the center did this due to the door being used as a safety exit for the toddler transition children, therefore they could not place a safety cover on the door handle as this would be in direct violation of the fire safety rule requirements. The toddler room has a door that exits into the hallway along with a separate door that exits directly to the outdoor play area. The children's outdoor play area is completely fenced and located in the rear of the facility. The outdoor play area contains play equipment for children of variety age ranges from 1 ½ to 12 years old. Child B fell and hit his lip from climbing on the climbing structure with slide that is approved for children ages 3-12 years old; as such, this piece of play equipment was not age appropriate for Child B. Ms. Yoder gave me permission to photograph the outdoor play area and toddler room area where Child B injured himself.

On 3/27/23, I separately interviewed CCSM 2, CCSM 4, CCSM 5 and CCSM 6 at the center. I informed them of the allegation. All the CCSMs confirmed the allegations acknowledging the incidents having occurred to Child B while in care at the center. On 3/9/23, CCSM 2 and CCSM 4 worked in the toddler classroom when Child B was engaged in outdoor play. Both CCSM 2 and CCSM 4 acknowledged that while Child B was trying to climb on the platform steps of the climbing structure, he lost his footing causing him to fall and hit his mouth on the platform steps. Child B cut his lip from hitting the platform step. CCSM 2 said the toddler-aged children like to climb on the platform steps and jump off of them. Both CCSM 2 and CCSM 4 applied first aid by attending to Child B's cut, comforting him, and applying first aid by cleaning the wound with soap and water and applying an ice pack for his lip/mouth. They completed an accident incident report and immediately notified Child B's Parents of

the incident. Child B was picked up by his parents and taken for a medical examination. He received three stitches in his lip from the incident. Neither CCSM 2 nor CCSM 4 were working on 3/24/23, when Child B shut his finger in the doorjamb in the toddler classroom.

On 3/24/23, CCSM 5, CCSM 6, acknowledged working in the toddler room with CCSM 7 when Child B shut his finger in the half door doorjamb. Around 9:30 a.m., as the children were transitioning from freedom of choice activities CCSM 5 was with a group of children stacking chairs in the classroom. CCSM 5 said she heard Child B cry; she immediately went over and saw that Child B had shut the half door on his pinky finger. CCSM 5 acknowledged CCSM 7 sitting with a child near the half wall who was having a bad day and had some behavioral issues. CCSM 6 was picking up toys in the room and placing them on shelves. CCSM 6 said when she heard Child B cry, she immediately went over and saw he had shut his left pinky finger in the doorjamb on the half door. CCSM 6 immediately picked up Child B and confronted him. After she saw the result of injury, she wrapped gauze around Child B's hand/finger to assist with the bleeding. CCSM 6 said she held Child B in her arms the entire time to provide him with comfort until Child B's Grandparents arrived to take him to the emergency room. Both CCSM 5 and CCSM 6 acknowledged the center completing an incident/accident report and notifying Child B's Parents of the incident. Child B's Grandparent arrived to the center and took him to the emergency room for a medical evaluation. All the CCSMs described Child B as a very smart child with high energy. He likes to run and climb on a lot and requires a lot of verbal redirections. After two to three times of telling him, Child B usually complies and stops his unwanted behavior.

Regarding Child B having unexplained injuries, all the CCSMs confirmed that they make the parents aware of any child becoming injured while in care either by their Tadpole information system or immediately by telephone depending on the severity of the injury. All the CCSMs deny Child B receiving any unexplained injuries while in care. All the CCSMs said due to the ages of the children, they often fall by themselves due to their ages and developmental abilities. On occasion, a child may get frustrated with another child and hit or bite them. The CCSMs said on most occasions they are present and can prevent hitting or biting by the children but sometimes it happens sporadically and cannot be prevented. During those times, they try and make the incident a teachable moment by talking with the children and teaching them to use their words in lieu of hitting or biting. All of the CCSMs deny any hazardous items being left accessible to the child care children and reiterated that all hazardous items are stored out of reach of the children. They also confirmed all the cupboards located within reach of the children (counter level or below) contain child safety locks to prevent children from gaining access to anything inside of the cupboard.

On 6/9/23, I interviewed Child C's Mother via telephone. Child C's Mother expressed no concerns regarding the care and supervision the center provides for Child C each day. Child C's Mother said the CCSMs communicate with her on daily regarding

Child C's experiences each day either through the Tadpole information system or by telephone or text messages. If Child C received an injury while in care, they will notify her either by the Tadpole information system, by telephone or in person at the time of pick up.

On 6/9/23, I attempted to interview Child A's Mother and Child D's Mother without success.

APPLICABLE RULE	
R 400.8125	Staff; volunteer; requirements.
	(1) All staff and volunteers shall provide appropriate care and supervision of children at all times.
ANALYSIS:	The center did not provide Child B with appropriate care and super vision on 3/27/23 when Child B was allowed to traverse from one side of the room to another through a closing half door. When Child B was returning through the half door, he accidentally shut his pink finger in the half doorjamb causing a serious injury.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Special Investigative Report #2021D0105015 dated 7/22/2021. Corrective Action Plan dated 7/27/2021.

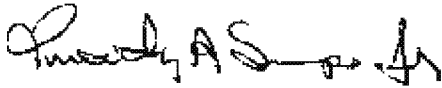
ADDITIONAL FINDINGS:

INVESTIGATION: On 3/27/23 during my unannounced onsite inspection, I observed the centers outdoor play area. The children's outdoor play area is completely fenced and located in the rear of the facility. The outdoor play area contains a climber with slides that is approved for children ages 3-12 years old. There is also another small climber with slide and sandbox that is approved for children ages 3-12 years old. There are swings on the play area that are approved for children ages 3-12 years old. In addition, there is also tot swings that are approved for children ages 1 ½ - 3 years old. The outdoor play area also has a tunnel that is approved for children ages 3-12 years old. Child B fell and hit his lip from climbing on the climbing structure with slide that is approved for children ages 3-12 years old; as such, this piece of play equipment was not age appropriate for Child B. Ms. Yoder gave me permission to photograph the outdoor play area and toddler room area where Child B injured himself.

APPLICABLE RULE	
R 400.8170	Outdoor play area.
	(9) Children shall only use age-appropriate equipment.
ANALYSIS:	On 3/6/23, Child B lost his footing and fell while climbing on the step platform of the climber structure with slides. This piece of play equipment was not age appropriate for Child B as the climbing structure is approved for children ages 3-12 years old.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a 1st provisional license.

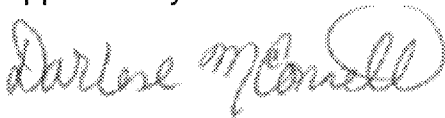


06/26/2023

Timothy A Swope
Licensing Consultant

Date

Approved By:



06/30/2023

Darlese McConnell
Area Manager

Date