



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL
LANSING

Michelle Richard
ACTING DIRECTOR

4/17/2024

Clubhouse Childcare Services LLC
10565 Northland Drive,
Big Rapids, MI, 49307

License Number: DC540407149
Special Investigation Number: SI-00119822

Dear Clubhouse Childcare Services LLC,

I conducted a special investigation because the child care licensing division received a complaint against your facility that related to licensing rules or law. The allegations were related to the following:

Rule/Law Number	Rule Description
R 400.8155(5)	A center shall have a written policy detailing when children, staff, and volunteers will be excluded from the center due to illness.
R 400.8380(1)	The premises must be maintained in a clean and safe condition and must not pose a threat to health or safety.
R 400.8140(2)(d)	Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
R 400.8140(1)	Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
R 400.8345(1)	The water system must comply with the requirements of the local health department.
R 400.8140(1)	Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
R 400.8140(2)(a)	Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.

R 400.8155(1)	A center shall have a written plan for how and when a parent is notified when personnel observe any of the following:
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The details of the allegations are in the attached report. To investigate the allegations:

- I interviewed: Licensee designee/Program director Alexandria Blanz, CCSM1, CCSM3, CCSM4, LC1, Child A's Mother, Child B's Mother, Health Department Sanitarian Jamie Alvesteffer.
- I completed on-site inspections on the following dates: 2/6/2024

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

Rule/Law Number	Rule Description
R 400.8140(1)	Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
R 400.8345(1)	The water system must comply with the requirements of the local health department.
R 400.8125(1)	All staff and volunteers shall provide appropriate care and supervision of children at all times.
R 400.8112(2)(e)	Within the department's child care background check system, accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with the license.
R 400.8112(1)(c)	(1) Pursuant to section 5n of the act, MCL 722.115n, before an individual has unsupervised contact with children, the department shall determine the individual's eligibility to be any of the following: (c) A child care staff member

Due to the violations, you must send us a [corrective action plan](#) by 5/8/2024. You can use our corrective action plan form or create your own.

If you need help writing the corrective action plan, please contact licensing consultant Amanda Wendell at (231) 492-5410 or wendella@michigan.gov. 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 type="checkbox"/>	<input checked="" 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 this report for accuracy and contact your consultant, Amanda Wendell at (231) 492-5410 or wendella@michigan.gov. In the event that Amanda Wendell is not available and you need to speak to someone immediately, please contact the Child Care Licensing Bureau at 517-284-9730.

Sincerely,

Amanda Wendell

Amanda Wendell, Licensing Consultant

Enclosure

**MICHIGAN DEPARTMENT OF
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL
CHILD CARE LICENSING**

Report Type: Special Investigation Report

Date of Report: 4/17/2024

Special Investigation Number	Complaint/Incident Receipt Date
SI-00119822	2/2/2024
Investigation Initiation Date	Report Due Date
3/6/2024	//
License Number	Licensee Name(s)
DC540407149	Clubhouse Childcare Services LLC
Facility Name	Licensee Designee(s)
Huntey's Clubhouse Morley	Alexandria J Blanzzy
Program Type	Central Administrator(s)
Center	
Capacity	Program Director(s) Name
90	Alexandria J Blanzzy Qualifications: R 400.8113(7)(f) (9). Date PD Approved: 2023-07-21
Facility Address	Mailing Address
4727 Hunters Ct, Morley, MI, 49336	10565 Northland Drive, Big Rapids, MI, 49307
Facility Phone Number	Facility Email Address
2313073037	hello@hunteysclubhouse.com
Original License Issuance Date	License Status:
5/28/2021	Regular
License Effective Date:	License Expiration Date:
11/8/2023	11/7/2025

ALLEGATION(S)

	Violation Established?	
The program director allows staff to bring sick children to the center.		No
A child was bit on the hand by another child. The child care staff member did not report the incident to the parent.		No
Lead Caregiver 1 (LC1) grabbed a child's face to get the child to look and listen.		No
A child use bathroom is unsanitary.		No

Child care staff members use water in the bathroom sinks to fill cups for drinking water. When the water inspector asked if bathroom sinks are used for drinking water, staff lied.	Yes	
A child care staff member threatened to spank a child care child.		No
Additional Finding:	Yes	

METHODOLOGY

Date	Activity
3/6/2024	Special Investigation Case Created SI-00119822
2/5/2024	Special Investigation Initiated via Phone Call Interview with Complainant
2/6/2024	Inspection Completed On-Site Interviews with Alexandria Blanzky, CCSM1, CCSM2, CCSM3, and CCSM4 Documents and policies received
2/22/2024	Contact – Phone Call Made Interview with Child A's Mother and Child B's Mother
3/1/2024	Contact – Phone Call Made To District Health Department #10 Sanitarian Jamie Alvesteffer
3/21/2024	Contact – Document Received Child C documents from Alexandria Blanzky
3/25/2024	Exit Conference With Alexandria Blanzky

ALLEGATION: The program director allows staff to bring sick children to the center.

INVESTIGATION:

On 02/02/2024, I received a complaint with several allegations. The first allegation is that the program director is allowing staff to bring sick children to the center. On 02/05/2024, I interviewed the complainant. The complainant reported that Alexandria Blanzky has brought her child in for care while sick, and that the complainant was once told they could bring their child in for care, despite the fact that the child appeared to have pinkeye.

On 02/06/2024, I completed an onsite inspection. Alexandria Blanzky has been the licensee designee and program director since July 2023. I informed her of the allegations and interviewed her about each. She identified that children cannot come to care if they have a temperature over 101.6, if they are throwing up, have diarrhea out of their diaper, Hand Foot and Mouth sores, or RSV symptoms, and require a doctor's

note for when they can return. If a child starts exhibiting symptoms while in care, staff will message parents to pick them up. If two or more children have the same illness, a message will be sent to all parents via the ProCare app informing them of the presence of the illness. Alexandria Blanzly denied remembering telling a parent they could bring in their child with pinkeye or pinkeye symptoms. She denied that she would allow a staff member to bring in their child if they were ill, stating that she and Child Care Staff Member 3 (CCSM3) are both available to fill in if the center is short-staffed. She recalled one instance where she was called to pick her own daughter up from school with a 99.7-degree fever. She brought her child back to the center, where she laid on the floor in the office for an hour while Alexandria Blanzly wrapped up a few things before taking her home. She had a fever the next morning and was kept home.

Child Care Staff Member 1 (CCSM1) works in the older toddler room. She reported that children are excluded from care or sent home if they have a fever over 101.4 degrees, are vomiting, or have diarrhea three times. She identified that staff members' children follow the same policy and denied that staff members are allowed to bring their children to the center when they are sick.

Child Care Staff Member 2 (CCSM2) reported that she is a child care staff member in the toddler room. The center's policy is that children cannot come to care until they are 24 hours fever-free and cannot come to care if they are vomiting or if they have pinkeye. The lead caregiver in the room or the program director makes the decision as to whether or not a child needs to be sent home. CCSM2 thinks that Alexandria Blanzly brought her child to care once while she was sick but denied that she brought her to the classroom.

Child Care Staff Member 3 (CCSM) has worked for the licensee group for 15 years. She identified that children are excluded from care if they have a fever over 101.5, pinkeye, colds, and vomiting. There have been times where staff have called in due to having a sick child at home and the staff member has been asked to come in until coverage is available, but that they are never asked to bring their sick child. She identified one time where Alexandria Blanzly got a phone call from her child's school that her daughter appeared unwell. Alexandria Blanzly picked her daughter up and brought her to the office at the center for a brief time.

I interviewed Lead Caregiver 1 (LC1) about the allegations. She reported that children are not allowed to come to care if they are throwing up, have a rash (unless accompanied by a note from the doctor), fever, or diarrhea. Staff members' children follow the same policy, and she denied knowing of any staff members' children coming to care when they were ill.

Child A's Mother reported that children cannot come to care if they have a fever but can come with a runny nose or a cough.

Child B's Mother reported that children are not allowed in care if they are sick, and that the same applies to staff members' children. The policy is lenient with regards to

teething and child are allowed to come to care if they do not have a fever or need to be on medication.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8155(5)	A center shall have a written policy detailing when children, staff, and volunteers will be excluded from the center due to illness.
ANALYSIS:	There is not evidence to support the allegation that staff are allowed to bring children to care while sick. Alexandria Blanzky's child was isolated in the office of the center for a brief period of time on one occasion.
CONCLUSION:	Violation Not Established

ALLEGATION: A child was bit on the hand by another child. The child care staff member did not report the incident to the parent.

INVESTIGATION:

The second allegation was that a child was bit on the hand by another child and the child care staff member in charge did not report the incident to the child's parent. The complainant alleged that, in mid-to-late November, Child A was bit. When a child care staff member went to complete an incident report in Procure, another child care staff member said they would do it. That child care staff member then rubbed Child A's hand until the bite mark went away. The complainant stated that the report was never put in Procure because Child A's Mother said if he was bit one more time, she was going to withdraw him from care.

Alexandria Blanzky reported that there is a category on Procure where staff can record any injury or incident, and that will be immediately relayed to parents. Staff are required to take a picture of any injury and post it with the report. These procedures are also required for any bites; staff are to post a photograph and the circumstances of the incident. She denied that there could be a situation where parents are not informed of a biting incident. She recalled an incident that was brought to her attention where Child A was bit and CCSM1 put a cold pack on the bite and rubbed it prior to sending the picture and message and indicated that this was done because the bite looked worse than it was, and they did not want to scare the parents. A staff member who also had an infant in care came to Alexandria Blanzky and told her that she would withdraw her child from care before he was placed in that room because staff were trying to hide things. Alexandria Blanzky reported that the incident report was put into Procure approximately five minutes after the bite and denied that staff were trying to hide anything from the parent.

CCSM1 denied any truth to the allegation that an incident of biting was not recorded. She stated that, when there is an incident of biting, they are to input a report in Procure within 30 minutes. They generally place a cool cloth or ice pack on the bite and offer the child comfort before completing the accident report and sending a picture. She remembered the incident from the allegation and remembers that it was reported. She stated that there was a period when they had a child who bit others often, and he bit Child A multiple times. Child A's Mother was informed each time and understood. When a child is known to bite, they try to keep that child separated from the child they are biting and remain in close proximity to the child.

According to CCSM2, when a child is bit, they hold and comfort the child, and sometimes give them a "boo boo bag." An incident report is completed with a picture being sent to the parent within 30 minutes. CCSM2 does not do any incident reports; those are completed by the lead caregiver in the room. CCSM2 denied any knowledge of staff not sending incident reports because of parents' possible responses. CCSM2 thinks that sometimes staff do not send incident reports if there is no mark. She did not have firsthand knowledge of this, however, since she does not complete the incident reports.

CCSM3 reported what, when a child is bit, the two children are separated, the child who was bit is given a boo boo bag, and they put an incident report in Procure. I asked about a possible incident where staff did not complete an incident report due to concerns of the parent's reaction, and she stated, "not that I know of." She said there is one parent who was upset because her child was bit often but stated that she was still informed of each bite.

LC1 reported that they apply a cool rag or ice pack to any bite, and then rub the area to reduce the swelling. They submit an incident report for the child who was bit and the child who bit, including a picture of the child who was bit. She denied any knowledge of staff not reporting bites.

Child A's Mother reported that Child A was bit while in care several times. She has spoken to both Alexandria Blanzly and Child A's caregivers, who have not handled it well. They informed her that they were separating the children and watching Child A more closely, but he continued being bit by a specific child. Child A's Mother threatened to withdraw Child A if the issue was not resolved. She identified one incident where a bite was not documented, and she noticed it at pickup. Child A was bit 10-15 times in the span of a couple of months. Normally, when he was bit, she would be notified on the app. Child A's Mother expressed concerns with communication with the center, citing mostly these issues with Child A being bit, and also an incident where Child A's diaper bag was left at the center and staff not being able to locate it.

Child B's Mother reported that Child B has been bit while in care. It was not serious, and she denied concerns with other injuries he has received while in care, noting that he fell a couple of times while learning to walk. She was notified of the incidences through Procure.

I requested incident reports for Child A for the month of November of 2023 and Alexandria Blanzly provided me with Procure entries from 11/2/2023 where Child A was scratched on the face, 11/13/2024 (2:47 P.M.) where Child A was bit on the forearm, 11/13/2023 (4:49 P.M.) where Child A was bit on the cheek, 11/15/2023 where Child A was bit on the hand, and 11/20/2023 where Child A was scratched on the face. Child A's Mother sent me screenshots of incident reports and photograph from Procure from January 30 and February 20, 2024, where Child A was bit.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8155(1)	A center shall have a written plan for how and when a parent is notified when personnel observe any of the following:
ANALYSIS:	There is not evidence to support the allegation that Child A's Mother was not informed when Child A was bit while in care.
CONCLUSION:	Violation Not Established

ALLEGATION: Lead Caregiver 1 (LC1) grabbed a child's face to get the child to look and listen.

INVESTIGATION:

The third allegation is that a lead caregiver grabbed a child's face to get the child to look and listen. The complainant alleged that they witnessed LC1 squeeze the face of an older toddler to get the child to look at her. They reported that the child was not listening to LC1, who grabbed the child by the jaw area and forced his face to point at hers while she “got after” him.

Alexandria Blanzly reported that the center’s discipline policy states that children will be redirected. They do not allow time-out or seclusion. She denied any knowledge of a staff member grabbing a child by the face and stated that an incident such as that would not be allowed.

CCSM1 identified that the center’s discipline policy is to talk to the child, keep eyes on situations to help prevent misbehavior, and redirect children as necessary. She denied that a staff member would grab a child by the face, stating, “We don’t do that to children here” and that such behavior would be inappropriate. She denied that this has ever happened in the room she is in.

According to CCSM2, as discipline, children are redirected, told to stop engaging in the misbehavior, and talked to. She identified that children are sometimes put in a chair so the staff members can tend to other children. She denied that there is a time frame associated with this and denied it is used as punishment. I asked about the allegation LC1 grabbed a child by the jaw, and she stated, “absolutely not.”

CCSM3 reported that children are redirected as discipline. Staff will sit them at a table where they can play with other items. They separate children who are having conflict with each other. She denied that she has any knowledge of a staff member grabbing a child by the face. They will get down on the child's level but will not grab them. If a child does not listen, they will turn the child to face them and/or sit them on their lap. The parent handbook refers to "Positive Guidance," to include redirection and praise. It states that corporal punishment will never be used.

LC1 reported that, for discipline in the two-and-a-half to three-year-old preschool room where she works, children sit with a book or fidget toys as discipline. She denied that this is a time-out, but stated that it is, "to get their mind off what was going on." A staff member will sit with and talk to the child, to try to get them to settle down. As a last resort, they will request assistance from the program director or assistant program director. She stated that she has redirected a child's face with her finger but denied that she has ever squeezed a child's jaw. She thinks someone else could have seen this and misinterpreted her actions.

Child A's Mother denied any knowledge of physical discipline or redirection.

Child B's Mother denied any knowledge of physical discipline utilized in the center.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8140(1)	Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
ANALYSIS:	There is not evidence to support the allegation that LC1 grabbed a child by the face to get their attention.
CONCLUSION:	Violation Not Established

APPLICABLE RULES	
R 400.8140(2)(a)	Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
ANALYSIS:	There is not evidence to support the allegation that LC1 used corporal punishment in squeezing a child's face.
CONCLUSION:	Violation Not Established

ALLEGATION: A child use bathroom is unsanitary.

INVESTIGATION:

The complainant alleged that a child use bathroom in the center is unsanitary. They alleged that they observed the preschool toilet and bathroom to be “covered” in urine one day, including “all over” the toilet and floor. They brought this to Alexandria Blanzky’s attention, who dismissed the concern, stating that she personally cleaned that bathroom, and it was fine.

Alexandria Blanzky reported that a staff member came to her with a concern about the preschool bathroom. Alexandria Blanzky then talked to their cleaning person and asked her to pay closer attention to that bathroom. Children in that bathroom do often miss the toilet bowl and the floor around the toilet sometimes smells like urine. She has, at times, scrubbed around the toilet with a toothbrush. The bathrooms are swept and mopped daily, and every room is deep cleaned on Fridays. If a lead caregiver was to see that their bathroom was dirty in the morning, they would likely clean it themselves or would report it to the program director.

CCSM1 reported that the center has a cleaning person. The cleaning person wipes down the sink, vacuums, mops, wipes down the toilet, and cleans behind the toilets. She denied any knowledge of an unsanitary restroom.

CCSM2 denied any concerns with the cleanliness of the center or bathrooms. They have a cleaner, who does a good job.

CCSM3 denied that there are issues with any center bathrooms. They have a staff member that works nights deep cleaning. They had an issue in the past with a former cleaner not getting close enough to the toilet, but that person is no longer doing the center cleanings.

LC1 reported that staff are responsible for cleaning throughout the day and that they have a cleaning person who comes in at night. She has never had issues or concerns with the cleanliness of the center.

Child A’s Mother denied any concerns with the conditions of the center, stating that it seems clean.

Child B’s Mother denied any concerns regarding the cleanliness or sanitarness of the center.

While present at the center, I observed the child use bathrooms to be clean and sanitary.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8380(1)	The premises must be maintained in a clean and safe condition and must not pose a threat to health or safety.
ANALYSIS:	There is not evidence to support the allegation that a child use bathroom is unsanitary. Child care staff members denied this concern and the bathroom was clean at the time of the onsite inspection.
CONCLUSION:	Violation Not Established

ALLEGATION: Child care staff members use water in the bathroom sinks to fill cups for drinking water. When the water inspector asked if bathroom sinks are used for drinking water, staff lied.

INVESTIGATION:

The fifth allegation is that child care staff members use water in the bathroom sinks to fill cups for drinking water. When water inspector asked if bathroom sinks are used for drinking water, staff lied. The complainant alleged that there was an issue with the center's well and a sanitarian was present at the center. The sanitarian came into the room where the complainant was, with management standing in the hallway behind them, and asked staff if they use water out of the classroom sink for drinking. The complainant observed management in the hallway shaking his head to tell the staff members present to lie. The complainant identified one of the staff members as CCSM1. The complainant reported that people fill water glasses from the classroom sink, even though "I know we're not supposed to."

Alexandria Blanzly reported that the center's well was replaced recently and the only water to be used for drinking comes from the kitchen sink. Staff fill water bottles from that sink in the morning to take to their rooms. If they need to be refilled, they will call the office for help or will go to the kitchen themselves, depending on if they are able to leave their room. Staff are not allowed to fill water bottles from the bathroom sink. She does not know why but stated that is what she was told. She denied that any staff have reported to her that they have or have witnessed anyone else filling water bottles from the classrooms. She denied that she has seen staff fill water bottles from the classrooms.

CCSM1 reported that children always have water in a cup on the classroom counter. She identified that staff have to use the water out of the kitchen and cannot use classroom sink water because it is unsanitary. She denied that there is anything wrong with the water, just that getting water out of a bathroom sink is not sanitary. CCSM1 denied the incident that was reported regarding the sanitarian and management. She denied that she has ever spoken to anyone from the Health Department or that anyone has ever come into a room where she was working.

CCSM2 reported that children have water available all day. Water bottles are filled in the kitchen in the morning. I asked if water bottles are ever refilled from the classroom sinks, and she stated, "maybe there has but if it was, it's not often." She confirmed that she has filled water bottles from the classroom on occasion. She does not understand why they cannot use the classroom sink water. CCSM2 was present when the representative from the health department was onsite. The sanitarian asked staff if they ever fill from the bathroom and CCSM3 told her they do not. She denied that management instructed her to do so, stating, "I told them no because I don't want to get in trouble." I asked if other staff fill water bottles from the classroom sinks and she confirmed they do, "in an emergency."

CCSM3 reported that each child has their own water bottle that is filled in the kitchen sink. CCSM3 denied knowing if water bottles are ever filled in the classrooms because she is not there. All child care staff members have been told that the bathroom sinks are for hand washing only. If a bottle needs to be refilled, a floating child care staff member or member of administration will do that.

LC1 reported that children have water cups available to them. The cups are filled in the kitchen in the morning and then brought back to the kitchen to be washed and refilled. During the day, staff can fill them themselves from the kitchen, or ask CCSM3 for assistance. LC1 denied that staff ever fill cups from the bathroom sink, stating that is unsanitary, and those sinks are for hand washing only.

Child A's Mother denied any knowledge of where water bottles are filled or whether children drink water from the classroom.

Child B's Mother denied having any information about the water children drink during the day.

Jamie Alvesteffer, a sanitarian for District Health Department 10 who completed an environmental health inspection on 12/06/2023, reported that all drinking water must be tested for lead and copper, from each faucet. She was informed that all drinking water comes from the kitchen, so she does not test the water from the individual classrooms. If the center will be filling water bottles in the classroom sinks, testing of that water will need to be done. Jamie Alvesteffer emailed management, informing them that she needs a list of each sink in the center that is being used for drinking. Management replied, stating "we will meet with the team and ask why non-drinking sinks were use for filling water bottles. If there are sinks we should consider adding to the list, I will send over the information."

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8345(1)	The water system must comply with the requirements of the local health department.
ANALYSIS:	The center was utilizing drinking water sources that were not approved by the local health department.
CONCLUSION:	Violation Established

ALLEGATION: A child care staff member threatened to spank a child care child.

INVESTIGATION:

The sixth allegation is that a child care staff member threatened to spank a child. The complainant alleged that Child Care Staff Member 3 (CCSM3) was sent into the preschool room to address an issue with a child. A child had gotten upset, dumped her lunch tray over, and went to her cot. A child care staff member went to the office and got CCSM3, who came to the classroom and told the child, "Your mom told me to spank you and I will. But I won't if you lay there and be good."

I informed Alexandria Blanzzy of the reported incident where CCSM3 allegedly threatened to spank a child. She stated that a child related to her throws fits daily. She denied that she would allow anyone to spank a child but reported that she has brought a child related to her to the office to discipline her. I informed her that all related children including children related to staff members are to be treated as child care children while in care, and that includes following all licensing rules and center policies. She denied that CCSM3 would ever threaten to spank a child. Alexandria Blanzzy reported that a former staff member came to her alleging that Alexandria Blanzzy had told CCSM3 that she could spank Alexandria Blanzzy's related child. She again denied any truth behind that statement. She stated that she does not think CCSM3 would ever threaten to spank her related child, stating, "If anything, she would say she was going to bring her to me." I again reiterated that staff members' related children must be disciplined like child care children, and this could be seen as threatening a child with physical discipline.

CCSM1 denied any knowledge of staff spanking a child or threatening to spank a child. When a child misbehaves, they may pick them up to redirect them to another area but never spank or threaten to spank.

CCSM2 denied any knowledge of staff spanking or threatening to spank children. Children of staff members are treated the same as the rest of the child care children by CCSM3 as well as the rest of the center staff. If she has an issue with a staff member's child, she sometimes asks that parent to come to her room. CCSM2 denied ever seeing Alexandria Blanzzy spank a related child while at the center. She denied any concerns with the center or any staff members.

CCSM3 denied that she utilizes physical discipline. She denied that she threatened a child with physical discipline. She identified a time where Alexandria Blanzys related child refused to lie down. CCSM3 was called to the room to assist. She sat the child in her lap and said, "I know you don't act like this at home. I know your mom and dad spank you. Do I need to go get [Alexandria Blanzys]?" She stated that the child then settled down. I asked CCSM3 if she understood how this could be seen as threatening the child with spanking, and she stated that she could. I informed CCSM3 that child care licensing rules must be followed for all children, including child care staff members' relatives.

LC1 denied any knowledge of staff spanking or threatening to spank children. She denied any concerns with the center or with any of the staff at the center.

Child A's Mother denied any knowledge of physical discipline or threats being made to children.

Child B's Mother denied that staff utilize physical discipline. Children receive time-outs for misbehavior.

The parent handbook refers to "Positive Guidance," to include redirection and praise. It states that corporal punishment will never be used.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8140(2)(d)	Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
ANALYSIS:	While CCSM4 did not directly threaten to spank Alexandria Blanzys related child, she threatened to get Alexandria Blanzys, after noting that she would spank the child.
CONCLUSION:	Technical Assistance

APPLICABLE RULES	
R 400.8140(1)	Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
ANALYSIS:	CCSM did not utilize appropriate methods of discipline when threatening to get Alexandria Blanzys to handle her related child's misbehavior, after telling the child that she would spank her.
CONCLUSION:	Violation Established

ADDITIONAL FINDING:

INVESTIGATION:

CCSM1 reported a time period where Child C bit others often, and bit Child A multiple times. She identified that, when a child is known to bite, they try to keep that child separated from the child they are biting and remain in close proximity to the child. In a conversation with Alexandria Blanzzy, I asked what they do to prevent biting, and what reactionary steps are taken when a child bites. She stated that they recently had an issue where Child C was biting Child A repeatedly. They purchased teething rings, provided a lot of sensory activities and projects, and paid close attention to Child A. Following an incident of biting, the biter is redirected and told something like, "teeth are for food." The center also purchased books on teeth/food/biting. Child care staff members provide soothing and boo boo bags for children after they are bit.

I requested incident reports for Child A for the month of November 2023 and Alexandria Blanzzy provided me with Procure entries from 11/2/2023 where Child A was scratched on the face, 11/13/2024 (2:47 P.M.) where Child A was bit on the forearm, 11/13/2023 (4:49 P.M.) where Child A was bit on the cheek, 11/15/2023 where Child A was bit on the hand, and 11/20/2023 where Child A was scratched on the face. Alexandria Blanzzy later provided me with additional incident reports related to Child A being bit. Child A received at least four bites from January 1 to March 8. Child care staff members had previously reported that Child A was always bit by Child C.

Child A's Mother sent me screenshots of incident reports and photograph from Procure from January 30 and February 20, 2024, where Child A was bit. She expressed that, while she almost always received an incident report after Child A was bit, she was concerned about the number of times it was occurring.

The center's policy on "Child Redirection and Managing Behaviors" includes that staff are to always practice active supervision. The center's active supervision policy states, in part, that, "proper supervision includes the ability to see every child in your care, ratio checks and prevention of incidences or accidents." When children exhibit inappropriate behaviors, staff are to talk to the child on their level. If they cannot safely continue the current activity, the child is to be redirected to another activity or quiet space. If a child continually presents dangerous behaviors, staff are to document them and reach out to the director. The center's parent handbook also addresses biting. It states, in part, that "Our team members are trained to recognize triggers and how to prevent and decrease incidents. If your child bites or is bitten, you and the parent(s) of the other child involved receive an incident report via Procure. The handbook further directs parents to the center's website for more information on their biting policy. The center's biting policy states, in part, that, "when or if a child successfully bites another child 2 times within a 1-week period, a parent meeting must be held to complete the Parent Biting Meeting Summary/Action Plan form." The written policy involves steps for notifying the parents of both children, including notifying the director, completing an incident report in Procure,

and informing them of your plan of action. The program director must also inform the biter’s parents. The policy states that, after a biting incident, the staff will shadow the biting child as much as possible, a meeting may be scheduled with the parent of the biter to include an action plan, and that follow-up will be conducted between the program director and parent after a week.

I requested records for Child C and received three incident reports from November 2023 of the child biting (11/10/2023, 11/13/2023, and 11/17/2023). The center’s policy on biting states that, “when or if a child successfully bites another child 2 times within a 1-week period, a parent meeting must be held to complete the Parent Biting Meeting Summary/Action Plan form.” I requested this document from Alexandria Blanzzy, as Child B bit another child three times within a one-week period. Alexandria Blanzzy denied that she noticed two incidences were in one week, or that all three were within a seven day period. Therefore, a parent meeting was not held, but she did identify that she had conversations with Child B's parents.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8125(1)	All staff and volunteers shall provide appropriate care and supervision of children at all times.
ANALYSIS:	Child care staff members did not provide appropriate care and supervision when Child A was bit repeatedly.
CONCLUSION:	Violation Established

ADDITIONAL FINDING:

INVESTIGATION:

LC1 reported that she has been employed at the center since June 2023. In searching the Child Care Background Check system for LC1’s address, I discovered that she was not listed in the center’s account. I contacted Alexandria Blanzzy, who identified that LC1 previously worked for another center under the same licensee. In a review of that center’s account, I discovered that LC1 was disconnected previously and was never reconnected to her current site. I informed Alexandria Blanzzy that LC1 must leave the center immediately and cannot return until she has been determined eligible by the department. Alexandria Blanzzy contacted me later the same day to inform me that LC1 was able to be reconnected, as she was not disconnected for over six months. It should be noted that Alexandria Blanzzy has been the program director at the center since July 2023 and was not the program director at the time when LC1 was hired.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8112(2)(e)	Within the department's child care background check system, accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with the license.
ANALYSIS:	Alexandria Blanzzy did not ensure that her center's CCBC account was accurate, with all child care staff members connected. LC1 worked at the center for approximately nine months without being connected.
CONCLUSION:	Violation Established

ADDITIONAL FINDING:**INVESTIGATION:**

LC1 reported that she has been employed at the center since June 2023. In searching the Child Care Background Check system for LC1's address, I discovered that she was not listed in the center's account. I contacted Alexandria Blanzzy, who identified that LC1 previously worked for another center under the same licensee. In a review of that center's account, I discovered that LC1 was disconnected previously and was never reconnected to her current site. I informed Alexandria Blanzzy that LC1 must leave the center immediately and cannot return until she has been determined eligible by the department. Alexandria Blanzzy contacted me later the same day to inform me that LC1 was able to be reconnected, as she was not disconnected for over six months. It should be noted that Alexandria Blanzzy has been the program director at the center since July 2023 and was not the program director at the time when LC1 was hired.

RULE/STATUTORY VIOLATIONS:

APPLICABLE RULES	
R 400.8112(1)(c)	(1) Pursuant to section 5n of the act, MCL 722.115n, before an individual has unsupervised contact with children, the department shall determine the individual's eligibility to be any of the following: (c) A child care staff member.
ANALYSIS:	The center's program director did not ensure that LC1 was eligible to be a child care staff member prior to LC1 having unsupervised contact with children.
CONCLUSION:	Violation Established

BUREAU RECOMMENDATION

Bureau Recommendation
Upon receipt of an acceptable corrective action plan, I recommend the no change in the status of the license.

Approved By:	
<i>Amanda Wendell</i> Amanda Wendell Consultant Date	<i>Katrice Sweet</i> Katrice Sweet Area Manager 04/17/2024 Date