



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
Department of Lifelong Education, Advancement and Potential  
LANSING

Michelle Richard  
ACTING DIRECTOR

**Report Type** : Interim  
**Inspection Type:** Interim

**Date of Inspection:** 12/14/2023  
**Date of Report:** 12/18/2023

| Licensee Name(s)                  | License Number                                                                                             |
|-----------------------------------|------------------------------------------------------------------------------------------------------------|
| Jones, Emily                      | DC760410214                                                                                                |
| Capacity                          | Facility Name                                                                                              |
| 64                                | Auntie Em's Too                                                                                            |
| Program Type                      | Licensee Designee(s)                                                                                       |
| Center                            | Emily Kay Jones                                                                                            |
| Central Administrator(s)          | Program Director(s) Name                                                                                   |
|                                   | Melody Lee Vanconant<br><b>Qualifications:</b><br>Variance approval<br><b>Date PD Approved:</b> 09/26/2022 |
| Facility Address                  | Mailing Address                                                                                            |
| 222 E. Lapeer,<br>Peck, MI, 48466 | 5256 Sandusky Rd,<br>Peck, MI, 48466                                                                       |
| Facility Phone Number             | Facility Email Address                                                                                     |
| 8104045256                        | emily9979@gmail.com                                                                                        |

### Findings of the Inspection

A copy of this Interim inspection report and any associated corrective action plans is available on the Child Care Licensing Bureau [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of when interim inspection reports are completed can be found under [Overview of Licensing Reports](#).

The purpose of the Interim inspection was to determine compliance with applicable licensing statutes and administrative rules for child care Center.

During the Interim inspection, licensing consultant Lisa Gundry found 2 violations. The violations are listed and explained below. An acceptable written corrective action plan was received on 12/14/2023.

If you have any questions regarding the report, please contact licensing consultant, Lisa Gundry, at (810) 931-1220. In the event that Lisa Gundry is not available and you need to speak to someone immediately, please contact the Child Care Licensing Bureau at 517-284-9730.

| <b>Inspection Details</b>                                                         |                                                                                                                   |                                                                                        |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <i>Number of Rules/Statutes Reviewed</i>                                          | <i>Number of Rules/Statute Violations</i>                                                                         | <i>Number of Rules/Statutes where Technical Assistance was Provided</i>                |
| 136                                                                               | 2                                                                                                                 | 3                                                                                      |
| <i>Number of Children's Records Reviewed : Number of Children Enrolled</i>        | <i>Number of Child Care Staff Member Records Reviewed : Number of Staff Employed</i>                              | <i>Number of Volunteer Records Reviewed : Number of Volunteers</i>                     |
| 5: 65                                                                             | 10: 21                                                                                                            | 0: 0                                                                                   |
| <i>Number of Children Observed : Number of Children Present During Inspection</i> | <i>Number of Child Care Staff Members Observed : Number of Child Care Staff Members Present During Inspection</i> | <i>Number of Volunteers Observed a: Number of Volunteers Present During Inspection</i> |
| 22: 22                                                                            | 4: 4                                                                                                              | 0 : 0                                                                                  |
| <i>Licensee Interviewed</i>                                                       | <i>Program Director Interviewed</i>                                                                               | <i>Child Care Staff Members Interviewed</i>                                            |
| No                                                                                | Yes                                                                                                               | Yes                                                                                    |

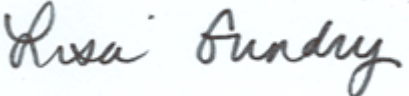
| <b>Documentation of Required Inspections</b> |                           |                 |
|----------------------------------------------|---------------------------|-----------------|
| <i>Type of Inspection</i>                    | <i>Date of Inspection</i> | <i>Findings</i> |

| <i>Rule Number</i> | <i>Rule</i>                                                                                                                                                                                                             | <i>Analysis</i>                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>Conclusion</i>     |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| R 400.8340(3)      | Food services and nutrition; provided by parents. Breast milk, formula, milk, other beverages, and food furnished in a same-day supply s must be covered and labeled with the child's first and last name and the date. | At the time of the inspection, I observed two bottles without covers or caps. I also observed several bottles without dates on them. Program Director Melody Vanconant acknowledged that some of the parents label the bottles, and some do not. She agreed to have them label the bottles with names and dates each day and to bring them with caps on. I provided her with additional consultation on how to meet the rule requirements. | Violation Established |
| R 400.8335(5)      | Food services and nutrition; provided by center.                                                                                                                                                                        | At the time of the inspection, the infant room staf fmember indicated that one of the children's bottles were made                                                                                                                                                                                                                                                                                                                         | Violation Established |

|  |                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | Formula must be commercially prepared and ready-to-feed. | onsite. She wasn't sure why. Ms. Vanconant confirmed that one of the parents has asked them to make the bottles and they agreed to. She wasn't sure if there was a medical reason but agreed to look into it. She wasn't aware of a medical reason though. I explained the rule requirement and she agreed to stop making the bottles unless a medical order and variance is approved. |  |
|--|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| Technical Assistance |                                                                                                                                              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Rule Number          | Rule                                                                                                                                         |
| R 400.8176(12)       | A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress.   |
| R 400.8137(1)        | Except as provided in subrule (2) of this rule, diapering must occur in a designated diapering area that complies with all of the following: |
| R 400.8335(8)(a)     | Containers must be labeled with the date opened.                                                                                             |

| Bureau Recommendation                                                                                        |
|--------------------------------------------------------------------------------------------------------------|
| You have submitted an acceptable corrective action plan. I recommend no change in the status of the license. |

|                                                                                     |            |  |  |
|-------------------------------------------------------------------------------------|------------|--|--|
| Approved By: _____                                                                  |            |  |  |
|  |            |  |  |
| Lisa Gundry                                                                         | 12/18/2023 |  |  |

|                      |      |  |  |
|----------------------|------|--|--|
| Licensing Consultant | Date |  |  |
|                      |      |  |  |
|                      |      |  |  |