



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 19, 2021

Rhonda Jackson
7031 Lindale Drive
Mt. Morris, MI 48458

RE: License #: DF250337173
Rhonda Jackson
7031 Lindale Drive
Mt Morris, MI 48458-9741

Dear Ms. Jackson:

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

During the renewal inspection on 2/18/2021, I found *2 violations*. The violations are listed below and explained in the attached report:

R 400.1919(2) Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.

R 400.1919(3) Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.

Due to the violations, you must send us a corrective action plan by 3/12/2021. 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.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. You will receive it in the mail.

During calendar year 2020:	Total
Number of serious injuries that occurred in facility.	0
Number of deaths that occurred in the facility.	0
Number of substantiated cases of abuse and/or neglect of a child that occurred at the facility.	0

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at 810-78-7031.

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

Sincerely,



Juli Gohl, Licensing Consultant
 Bureau of Community and Health Systems
 4809 Clio Road
 Flint, MI 48504
 (810) 423-2832

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	DF250337173
Licensee Name:	Rhonda Jackson
Licensee Address:	7031 Lindale Drive Mt. Morris, MI 48458
Licensee Telephone #:	(810) 516-2392
Licensee:	N/A
Name of Facility:	Rhonda Jackson
Facility Address:	7031 Lindale Drive Mt Morris, MI 48458-9741
Facility Telephone #:	(810) 516-2392
Original Issuance Date:	02/22/2013
Capacity:	6
Age Range:	Ages Birth Thru 17 years

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/18/2021

	No. of Records Reviewed	
No. of children enrolled in care	7	7
No. of assistant caregivers employed	1	1
No. of child care children present at time of inspection	0	
No. of other children present at time of inspection	1	
No. of assistant caregivers present at time of inspection	0	
Licensee present at time of inspection?	Yes	
Persons Interviewed:		
Licensee	<input checked="" type="checkbox"/>	
Assistant Caregivers	<input type="checkbox"/>	

Approved child use space: The family room, dining room, kitchen, 1 bedroom and 1 bathroom, all on the main level of the home.

Exiting information (including second floor and basement): There are 3 remote exits on the main level of the home: the front door, side door and back door - all lead directly outside.

Approved variances - No Yes Description:

Key Indicator Inspection: No

Additional information:

- Pets? No Yes If yes, describe.
The home has 1 dog and its food and supplies are kept separate from the children in care.
- Hot tubs or spa pool? No Yes If yes, are there appropriate barriers?
- Swimming pool? No Yes If yes, describe pool and barriers.
- Other water hazards? No Yes If yes, describe.
- Fireplace or wood burning stove? No Yes If yes, describe.
There is a fireplace in the family room.
- Fireplace/wood burner in use during child care hours? No Yes If yes, describe barriers to protect children from burns.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This renewal inspection involved a review of all applicable child care home administrative rules and statutes. Verification of compliance included direct

observations of the physical environment and the program, discussions with staff, and a review of the home's records, including staff records and children's records. Staff records include background checks, medical clearance information, and training information. Children's records include child information cards and child in care statements/receipts.

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

R 400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.

(2) A licensee shall obtain from a child care staff member and a child care assistant a written statement, signed by a licensed physician or his or her designee within 1 year prior to caring for children, that attests to the child care staff member's or child care assistant's mental and physical health. The attestation must be renewed at the time of subsequent renewals of the child care home's license.

At the time of the inspection, Ms. Jackson did not have a renewed written statement, signed by a licensed physician or his/her designee that attests to her child care staff member Isaac Jackson's mental and physical health.

R 400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.

(3) An applicant, licensee, child care staff member, child care assistant, and a member of the household who is age 14 or older shall provide written evidence of freedom from communicable tuberculosis (TB) prior to caring for children or living in the child care home.

At the time of the inspection, Ms. Jackson did not have written evidence that adult household member Paulette Reynolds was free from communicable tuberculosis (TB).

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this family child care home.



02/19/2021

Juli Gohl
Licensing Consultant

Date