



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 1, 2022

Pamela Hanson  
145 N Daisy St  
Ishpeming, MI 49849

RE: License #: DG520410160  
**Pamela Hanson**  
**145 N Daisy St**  
**Ishpeming, MI 49849**

Dear Ms. Hanson:

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](#).

Choose one:

**SUBSTANTIAL COMPLIANCE – NO CAP** *add inspection date using embedded calendar*

As a result of the renewal inspection on Click or tap to enter a date., I did not find any rule or law violations. You will receive your regular license in the mail.

**OR SUBSTANTIAL COMPLIANCE – CAP SUBMITTED** *add inspection date using embedded calendar, type number of violations, and select the correct item from each drop down box.*

During the renewal inspection on Click or tap to enter a date., I found Click or tap here to enter number of violations. Choose one.. The violation is listed below and explained in the attached report: *(In the space below, insert all rule/statute numbers and headers listed in the attached report. Type them OR autotext them. If autotexting, leave only the number and header.)*

You gave us an acceptable written corrective action plan. We will send you a regular license in the mail.

**OR SUBSTANTIAL VIOLATIONS – REFUSAL TO RENEW** *add inspection date using embedded calendar, type how many violations you cited, and select the correct item from each drop down box.*

During the renewal inspection on Click or tap to enter a date., I found Click or tap here to enter number of violations. Choose one.. Choose one. and explained in the attached report: *(In the space below, insert all rule/statute numbers and headers listed in the attached report. Type them OR autotext them. If autotexting, leave only the number and header.)*

Due to the rule/law violations noted, I recommend refusal to renew your license. You will be notified in writing of the department's intention and your options.

**OR VIOLATIONS – CAP REQUESTED** *add inspection date using embedded calendar, type number of violations, and select the correct item from each drop down box. For CAP due date, calculate 20 days from the date the report was sent.*

During the renewal inspection on Click or tap to enter a date., I found Click or tap here to enter number of violations. Choose one.. Choose one. and explained in the attached report: *(In the space below, insert all rule/statute numbers and headers listed in the attached report. Type them OR autotext them. If autotexting, leave only the number and header.)*

Due to the violations, you must send us a corrective action plan by Click or tap to enter a date.. 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.

#### **IF INFANT SAFE SLEEP VIOLATIONS**

Due to the infant safe sleep violation(s), all of your infant caregivers must take training on infant safe sleep. This must be included in your corrective action plan. In addition, a follow up inspection may be made to check compliance with the infant safe sleep rules.

#### **UPON RECEIPT OF A CAP – REGULAR LICENSE WILL BE ISSUED**

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

**UPON RECEIPT OF CAP – PROVISIONAL WILL BE ISSUED**

I recommend issuance of a Choose an item. 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.

**For all reports – complete the table below using the number of Notice of Serious Incident/Critical Incident Reports sent to Central Office for this facility in the *previous calendar year*. Select the correct “previous year” from the drop down box. Add in your local office phone number.**

| <b>During calendar year Choose the previous year.:</b>                                          | <b>Total</b> |
|-------------------------------------------------------------------------------------------------|--------------|
| Number of serious injuries that occurred in facility.                                           |              |
| Number of deaths that occurred in the facility.                                                 |              |
| Number of substantiated cases of abuse and/or neglect of a child that occurred at the facility. |              |

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 [Click or tap here to add phone number.](#)

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

Sincerely,

A handwritten signature in black ink that reads "Wendy D. Highland". The signature is written in a cursive, flowing style.

*Wendy Highland, M.Ed*  
Child Care Licensing Consultant, CCLB/LARA  
611 W. Ottawa St. PO Box 30664  
Lansing, MI 48904  
517.284.9730

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CHILD CARE LICENSING BUREAU  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>LicenseLicense #:</b>       | DG520410160                           |
| <b>Licensee Name:</b>          | Pamela Hanson                         |
| <b>Licensee Address:</b>       | 145 N Daisy St<br>Ishpeming, MI 49849 |
| <b>Licensee Telephone #:</b>   | (906) 361-0419                        |
| <b>Licensee:</b>               | N/A                                   |
| <b>Name of Facility:</b>       | Pamela Hanson                         |
| <b>Facility Address:</b>       | 145 N Daisy St<br>Ishpeming, MI 49849 |
| <b>Facility Telephone #:</b>   | (906) 361-0419                        |
| <b>Original Issuance Date:</b> | 12/02/2021                            |
| <b>Capacity:</b>               | 12                                    |
| <b>Age Range:</b>              | Ages Birth Thru 12 years              |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

06/01/2022

|                                                           | No. of Records<br>Reviewed          |   |
|-----------------------------------------------------------|-------------------------------------|---|
| No. of children enrolled in care                          | 8                                   | 8 |
| No. of assistant caregivers employed                      | 0                                   | 0 |
| No. of child care children present at time of inspection  | 1                                   |   |
| No. of other children present at time of inspection       | 0                                   |   |
| 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: Main floor of the house as well as one room on the upper level.

Exiting information (including second floor and basement): On the main floor the front and back doors. The second floor exit is the stairway.

Approved variances - ☒ No ☐ Yes Description:

Key Indicator Inspection: No

### Additional information:

- Pets? No ☐ Yes ☒ If yes, describe.  
Two small dogs live in the home.
- 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.
- 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.

The facility is in compliance with all applicable rules and statutes.

#### Observations

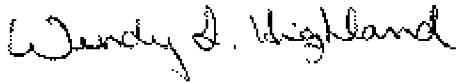
The child in care had just awoken from a nap and was eating snack.

#### Consultation

Ms. Hanson was reminded to include children's last name on the attendance sheet.

### IV. RECOMMENDATION

I recommend issuance of a original license to this child care group home (capacity 7-12).



06/08/2022

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Wendy Highland  
Licensing Consultant

Date