



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 13, 2023

Terri Carter  
1916 Hoyt  
Muskegon, MI 49442

RE: License #: DG610320968  
**Carter, Terri**  
**1916 Hoyt**  
**Muskegon, MI 49442**

Dear Ms. Carter:

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 5/23/2023, I found two violations. The violation is listed below and explained in the attached report:

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,

Tarah Kline, Licensing Consultant  
 Bureau of Community and Health Systems  
 Suite 11  
 701 S. Elmwood  
 Traverse City, MI 49684  
 (616) 916-2490

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	DG610320968
<b>Licensee Name:</b>	Terri Carter
<b>Licensee Address:</b>	1916 Hoyt Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 737-6121
<b>Licensee:</b>	N/A
<b>Name of Facility:</b>	Carter, Terri
<b>Facility Address:</b>	1916 Hoyt Muskegon, MI 49442
<b>Facility Telephone #:</b>	(231) 206-3801
<b>Original Issuance Date:</b>	11/29/2012
<b>Capacity:</b>	14
<b>Age Range:</b>	Ages Birth Thru 12 years

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2023

	No. of Records Reviewed	
No. of children enrolled in care	14	11
No. of assistant caregivers employed	2	2
No. of child care children present at time of inspection	4	
No. of other children present at time of inspection	2	
No. of assistant caregivers present at time of inspection	1	
Licensee present at time of inspection?	Yes	
Persons Interviewed:	Licensee	<input checked="" type="checkbox"/>
	Assistant Caregivers	<input checked="" type="checkbox"/>

Approved child use space: The basement of the home is approved for child use space, this includes the playroom and eating space.

Exiting information (including second floor and basement): An egress window off the eating space and the main staircase are used for exiting.

Approved variances -  No  Yes Description:

Key Indicator Inspection: R 400.1910 Ratio of personal to children

### Additional information:

- Pets? No  Yes  If yes, describe.
- 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.

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 400.1905            Training**

(9) When the department of licensing and regulatory affairs or the department of education publishes a notice that a new health and safety update document or a new health and safety update training activity has been published on MiRegistry, the licensee shall ensure that all personnel read and acknowledge the document or complete the activity within 6 months of the notice.

Ms. Carter did not have her two child care staff members complete the health and safety refreshers that are required by the state of Michigan.

**R 400.1925            Comprehensive background check; fingerprinting.**

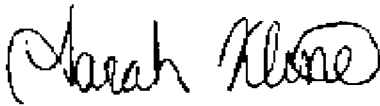
(2) An applicant or licensee shall do all of the following:  
(e) Within the department's child care background check system, accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with the license.

Ms. Carter did not have one child care staff member attached to her child care in the child care background system.

A corrective action plan was requested and approved on 05/23/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

I recommend no change in license status.



6/13/2023

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Tarah Kline  
Licensing Consultant

Date