



STATE OF MICHIGAN  
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ORLENE HAWKS  
 DIRECTOR

December 19, 2022

Zina Coleman  
 555 E. Madison Ave.  
 Pontiac, MI 48340

RE: License #: DG630261881

RE: SI LOG #: **Zina Coleman**  
**555 E Madison Avenue**  
**Pontiac, MI 48340**

Dear Ms. Coleman:

This letter is to advise you that the 12/07/2022 corrective action plan you submitted, regarding each rule violation cited in the recently completed Renewal Licensing Study Report, is approved.

You can find a copy of this corrective action approval letter and the associated report on our [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of each type of report and corrective action plans can be found under [Overview of Licensing Reports](#).

Violation cited	Noncompliance observed	Plan to correct	Date to be completed
R 400.1906 Records of a licensee; child care staff member; child care assistant.	On 12/5/2022, Ms. Coleman did not have records of staff attendance.	The records for licensee and staff will be completed, kept on file, and monitored.	12/9/2022
R 400.1907 Child's records.	On 12/5/2022, I reviewed 17 children s files. Ms. Coleman is using a comparable substitute to the department s child information card. Eleven of the 17 information	Approved child information form will be kept on file for all children enrolled and filled out completely with the parent in the future.	12/21/2022

	cards were incomplete. They were missing parent s information, physician s information, signatures and dates.		
R 400.1907 Child's records.	On 12/5/2022, I reviewed 17 children s files. Three of the files were missing the child in care statement. Nine of the files had the statements but were filled out incorrectly or incompletely.	In care statements will be preprinted with the licensee's information and completed during meeting with parents.	12/21/2022
R 400.1907 Child's records.	On 12/5/2022, there was no attendance taken. Consultation was provided on recording the exact time of arrival and departure.	Child attendance will be taken daily and not only show normal times in care, but actual times of in and out daily.	12/7/2022
R 400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.	On 12/5/2022, Ms. Coleman did not have an updated physician statement. REPEAT VIOLATION ESTABLISHED LSR dated 9/8/2021 and 1/25/2019 CAP dated 9/8/2021 and 1/25/2019	A statement of physical and mental health will be obtained at each renewal and kept on file for licensee and staff members.	12/21/2022
R 400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.	On 12/5/2022, the child care staff member did not have a signed physician statement. REPEAT VIOLATION ESTABLISHED LSR dated 1/25/2019 CAP dated 1/25/2019	A statement of physical and mental health will be obtained at each renewal and kept on file for licensee and staff members.	12/21/2022
R 400.1933 Water supply; sewage disposal; water temperature.	On 12/5/2022, the handwashing sink in the basement was 135 degrees Fahrenheit. REPEAT VIOLATION ESTABLISHED	A water temperature apparatus will be utilized int eh children's bathroom.	12/10/2022

	LSR dated 9/8/2021, 1/25/2019 CAP dated 9/8/2021, 1/25/2019		
R 400.1934 Heating; ventilation; lighting.	On 12/5/2022, the carbon monoxide detector in the basement was not functioning.	The battery was readjusted, and the detector began working again.	12/5/2022
R 400.1934 Heating; ventilation; lighting; radon.	On 12/5/2022, there was not an updated radon test on file. REPEAT VIOLATION ESTABLISHED LSR dated 9/8/2021 CAP dated 9/8/2021	A radon test will be purchased and completed.	12/30/2022
R 400.1944 Smoke detectors; fire extinguishers.	On 12/5/2022, Ms. Coleman admitted that there was not a smoke detector on the second floor of the home. The smoke detector in the basement was not functioning.	A smoke detector will be purchased and placed in the upper level of the home. The battery of the basement smoke detector was adjusted and began working again.	12/5/2022
R 400.1944 Smoke detectors; fire extinguishers.	On 12/5/2022, the fire extinguishers on the main floor and the basement had both lost their charge. Ms. Coleman immediately replaced the fire extinguisher on the main floor, leaving just the fire extinguisher in the basement needing to be recharged or replaced.	The fire extinguisher in the basement will be replaced and monitored in the future for the need to be charged.	12/10/2022

It is expected that the corrective action plan will be implemented within the time frames as outlined in your 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.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

*J. Manchester*

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