RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 30, 2017

Laura Warmbier
3301 Milford
Midland, MI 48642

RE: Lic./Reg. #: DG560275134
Investigation #: **2018D0610001**
Warmbier Laura J

Dear Ms. Warmbier:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 10/24/2017, you submitted an acceptable written corrective action plan.

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

Due to the infant safe sleep violation, you and all of your caregivers must take training on infant safe sleep. In addition, a follow up inspection may be made to check compliance with the infant safe sleep rules.

Please review the enclosed documentation for accuracy and 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 (989) 732-8062.

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

Sincerely,

Mary Smith

Mary Smith, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(616) 690-6507

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License/Registration #:	DG560275134
Investigation #:	2018D0610001
Complaint Receipt Date:	10/03/2017
Investigation Initiation Date:	10/03/2017
Report Due Date:	12/02/2017
Licensee Name:	Laura Warmbier
Licensee Address:	3301 Milford Midland, MI 48642
Licensee Telephone #:	(989) 835-1794
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Warmbier Laura J
Facility Address:	3301 Milford Midland, MI 48642
Facility Telephone #:	(989) 835-1794
Original Issuance Date:	06/10/2005
License/Registration **Status:**	REGULAR
Effective Date:	01/19/2016
Expiration Date:	01/18/2018
Capacity:	12
Program Type:	CHILD CARE GROUP HOME (CAPACITY 7-12)

II. ALLEGATION(S)

	Violation Established?
There is an adult household member (AHM) who is on felony probation out of Saginaw County for a drug-related offense residing in the licensed group child care home of Laura Warmbier. On 9/30/2017, a friend of the AHM overdosed on heroin at the home. Emergency Medical Services (EMS) and police were called. Ms. Warmbier is not identified in the police report and this incident occurred after child care hours.	Yes
Additional Findings	Yes

III. METHODOLOGY

10/03/2017	Special Investigation Intake - 2018D0610001
10/03/2017	Special Investigation Initiated - Face to Face Face to face collateral contact made with assigned consultant Gezelle Myers - obtained additional information regarding allegations and past investigation regarding similar allegations
10/05/2017	Inspection Completed On-site - 1:10 p.m. - 1:51 p.m. Interview conducted with Laura Warmbier and assistant caregiver Ryan Warmbier
10/05/2017	Contact - Document Received During on-site inspection consultant received copies of child information cards for Child A, Child B, Child C and Child D
10/05/2017	Contact - Face to Face Attempted face to face with AHM at 804 Cottonwood Midland MI - no such address existed
10/05/2017	Contact - Telephone call made Telephone contact made with Laura Warmbier - informed that 804 Cottonwood address does not exist - she indicated she would try to obtain the correct address
10/05/2017	Contact - Telephone call made Attempted telephone call made to AHM - voice mail message left requesting return phone call
10/05/2017	Contact - Document Sent Email sent to DHHS worker Nicole Shields
10/05/2017	Inspection Completed-BCAL Sub. Non-Compliance – Safe Sleep Violation

10/10/2017	Contact - Telephone call made Telephone contact with MDOC Probation Officer Kimberly Aide
10/10/2017	Contact - Telephone call made Attempted telephone call made to MDOC Probation Officer Sandra Eagle - no answer - voice mail message left requesting a return phone call
10/10/2017	Contact - Telephone call made Attempted phone call made to assigned consultant Gezelle Myers - no answer - voice mail message requesting a return phone call
10/11/2017	Contact - Telephone call received Telephone call received from Gezelle Myers - assigned consultant
10/11/2017	Contact - Telephone call received Telephone call received from licensee Laura Warmbier
10/16/2017	Contact - Telephone call received Received voice mail message from Probation Officer Sandra Eagle
10/20/2017	Contact - Telephone call made Attempted telephone call made to Probation Officer Sandra Eagle - voice mail message left requesting return phone call
10/20/2017	Contact - Telephone call received Received phone call from Probation Officer Sandra Eagle
10/20/2017	Contact - Telephone call made Attempted phone call made to AHM - no answer - voice mail message left requesting a return phone call
10/24/2017	Contact – Telephone call made Attempted phone call made to AHM – no answer – voice mail message left requesting a return phone call
10/24/2017	Inspection Completed On-site Safe Sleep Follow Up Inspection
10/24/2017	Exit Conference held on-site with Laura Warmbier

ALLEGATION: There is an adult household member (AHM) who is on felony probation out of Saginaw County for a drug-related offense residing in the licensed group child care home of Laura Warmbier. On 9/30/2017, a friend of

the AHM overdosed on heroin at the home. Emergency Medical Services (EMS) and police were called to the home. Ms. Warmbier is not identified in the police report and this incident occurred after child care hours.

INVESTIGATION: On 10/03/2017, I conducted a face to face collateral contact with the assigned Child Care Licensing Consultant Gezelle Myers and discussed the allegations. Additional information was obtained regarding the allegations and past investigations regarding similar allegations.

On 10/05/2017, I completed an unannounced on-site inspection at the child care group home. I met with the licensee Laura Warmbier who denied that the alleged AHM lives in the home. The alleged AHM does come to the home when the child care is not open and sometimes spends the night. The alleged AHM was at the home visiting on 09/30/2017 and had a friend over who did overdose in the home, after child care hours. The police and EMS responded to the home on 09/30/2017. The police did not find any drugs however did give the adult female "Narcan" which reverses the effects of heroin. The alleged AHM was addicted to heroin in the past however has been sober for at least six months. The alleged AHM is never in the home when the child care is in operation. The alleged AHM is on probation due to drug offenses. Ms. Warmbier is aware that the alleged AHM is not allowed to live in the home. I observed the upstairs level of the child care home with permission of Ms. Warmbier who escorted this consultant to the room the overdose occurred in. The bedroom appeared to be lived in and had a folder with the alleged AHM's name on the front of it laying on the side of the bed. Ms. Warmbier continued to deny that the alleged AHM has been living in the home. Ms. Warmbier provided this consultant with the address where the alleged AHM is actually living.

During the on-site inspection on 10/05/2017, a walk through was conducted. I observed three infants with blankets in the portable crib they were resting in, which is a Safe Sleep violation. Ms. Warmbier indicated the parents prefer that the children sleep with a blanket in the portable crib. It was explained to Ms. Warmbier that this is in violation of the licensing rules and is prohibited. It was explained to Ms. Warmbier that she and her assistant caregiver will be required to take Safe Sleep training again and that a follow-up inspection will be required to ensure she is complying with the Safe Sleep guidelines. The blankets were immediately removed from the portable cribs.

I then met with and interviewed the assistant caregiver Ryan Warmbier who is the licensee's son. The alleged AHM does live in the home and sleeps at the home each night. The alleged AHM must sleep at the home as they are on a GPS tether which is monitored by the Saginaw Probation Department. It is thought that the alleged AHM must sleep at the home or there will be consequences with the violation of probation terms. The assistant caregiver was not aware of an overdose that occurred at the home as they were not present on that date and had not been informed. The alleged AHM is not in the home during the child care hours of operation and leaves each morning prior to opening and returns after closing.

I then met with the licensee regarding the fact the assistant caregiver admitted the alleged AHM is living in the home. Ms. Warmbier admitted that the alleged AHM spends the night sometimes but denied this occurs each day. Ms. Warmbier was

informed that the alleged AHM cannot spend the night in the home if the child care will continue to operate as there is a suitability issue.

I then attempted to complete an on-site inspection at 804 Cottonwood Midland, MI in order to interview the alleged AHM, however no such address existed.

I then made a telephone call to Ms. Warmbier regarding the alleged AHM's address. Ms. Warmbier will try to get the correct address and call back with it.

On 10/05/2017, I attempted to contact the alleged AHM and a man answered the telephone and refused to allow consultant to speak with the alleged AHM. The consultant requested the gentleman have the alleged AHM call back and the gentleman then hung up the phone.

On 10/05/2017, an email was sent to Department of Health and Human Services (DHHS) worker Nicole Shields.

On 10/05/2017, I attempted to contact Probation Officer Kim Aide and there was no answer. A voice mail message was left requesting a return phone call.

On 10/10/2017, I contacted Probation Officer Kim Aide and conducted an interview. Ms. Aide was the probation officer assigned to the alleged AHM's friend who overdosed in the child care home on 09/30/2017. The alleged AHM did provide the child care home address as the address to which she is residing to the probation department on 05/10/2016. The alleged AHM's probation officer is Sandra Eagle and her contact information was provided. Probation Officer Sandra Eagle conducted a home visit on 01/12/2017 and 08/17/2017 to verify the residency of the alleged AHM. At the 01/12/2017 home visit the probation officer spoke with Ms. Warmbier, Ryan Warmbier and the alleged AHM. On 08/18/2017, the alleged AHM was hooked up to a GPS electronic monitoring device (tether) in which the alleged AHM must be in the home during the night time hours or she will be in violation of the probation terms. The alleged AHM did call and report a new address effective 10/09/2017. The alleged AHM's new address was provided to this consultant.

On 10/10/2017, I attempted to contact the alleged AHM's probation officer Sandra Eagle and there was no answer. A voice mail message was left requesting a return phone call.

On 10/10/2017, I attempted to contact the assigned child care consultant Gezelle Myers and there was no answer. A voice mail message was left requesting a return phone call.

On 10/11/2017, a telephone call was received from the assigned child care consultant Gezelle Myers.

On 10/11/2017, I received a phone call from the licensee Ms. Warmbier. The alleged AHM was actually living in the home. Ms. Warmbier was afraid to tell the consultant the truth however indicated that the alleged AHM was never in the home during child care hours. Had the alleged AHM not been able to live in the home she would have gone to jail due to being homeless. The alleged AHM is allowed to be in the community from 7:30 a.m. – 9:30 p.m. and that is during the hours the child care is open. The alleged AHM gets up Monday – Friday and leaves the home and returns at night when the child care is closed. During the weekends the alleged AHM is in the home as the child care is closed. The alleged AHM has moved everything out of the home and the new address was provided which was the same address the probation officer provided. The alleged AHM was in a residential substance abuse rehabilitation from 03/2017 through 08/2017 and when discharged from the treatment center moved into the home. Ms. Warmbier believes the date the alleged AHM moved in was 08/08/2017 but could not be sure. Ms. Warmbier apologized for not being truthful and indicated she thought there was no harm as the AHM is never in the home when children are in care.

On 10/16/2017, I received a voice mail message from probation officer Sandra Eagle requesting a return phone call.

On 10/20/2017, I attempted to contact probation officer Sandra Eagle and there was no answer. A voice mail message was left requesting a return phone call.

On 10/20/2017, I received a phone call from probation officer Sandra Eagle. It has been confirmed that the alleged AHM is now residing at a different location. The alleged AHM had been residing in the child care home from 08/08/2017 until 10/09/2017. The probation officer went to the alleged AHM's new address on 10/16/2017 and verified with the owner of the home that the alleged AHM is residing there. The probation officer can confirm the alleged AHM is no longer residing at the child care home as the alleged AHM is on a GPS electric monitoring device which will detect if she is not at the approved location during the hours of 9:30 p.m. – 7:30 a.m. each day. The alleged AHM was in a residential substance abuse treatment facility (Tri-Cap) from 04/10/2017 – 08/08/2017. Had the probation officer known the alleged AHM was not allowed to reside in the home she would not have been allowed to be on a GPS tether at that location. Now that the probation department is aware that the alleged AHM is not allowed to reside in the home there will be no further issues as long as the alleged AHM is on probation.

On 10/20/2017 and 10/24/2017, I attempted to contact the alleged AHM and there was no answer. A voice mail message was left requesting a return phone call. To date the alleged AHM has not returned this consultant's telephone calls.

On 10/24/2017, an unannounced Safe Sleep follow up on-site inspection was conducted at the child care group home. I met with the licensee Ms. Warmbier. A walk through inspection was completed to ensure there were no safe sleep violations. Ms. Warmbier was in compliance with safe sleep practices. An exit conference was

conducted with Ms. Warmbier and a Corrective Action Plan was completed and approved on-site.

APPLICABLE RULE	
R 400.1903	**Caregiver responsibilities.**
	(1) A caregiver shall be responsible for all of the following provisions: (h) Report to the department, within 7 working days, any changes in the household composition or when any new or existing member of the household has any of the following: (i) Arrests or convictions. (ii) Involvement in substantiated abuse or neglect of children. (iii) Court-supervised parole or probation of the caregiver or any member of the household. (iv) Been admitted to, or released from, a correctional facility, or hospital, institution, or facility for the treatment of an emotional, mental, or substance abuse problem.
ANALYSIS:	The licensee, Ms. Warmbier did not report to the department within 7 working days that the AHM moved into the home. The AHM is on felony probation due to drug convictions and was in treatment for substance abuse problems. The AHM is not suitable to reside in the home and Ms. Warmbier is aware of this as she had previously been informed by her consultant Gezelle Myers.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.1903	**Caregiver Responsibilities.**
	(4) The caregiver shall cooperate with the department in connection with an inspection or investigation. Cooperation shall include, but not be limited to, both of the following: (a) To enable the department to conduct a thorough investigation, provide access to the assistant caregivers, all records and materials. (b) Information provided to the department shall be accurate and truthful.

ANALYSIS:	The licensee, Ms. Warmbier initially did not provide to the department accurate and truthful information regarding the AHM who was residing in the group child care home. Initially Ms. Warmbier denied the AHM was residing in the home and later admitted she had not been truthful. The AHM has moved out of the home and this has been confirmed with the AHM's probation officer.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: During the on-site inspection on 10/05/2017, a walk through was conducted. I observed three infants with blankets in the portable crib they were resting in, which is a Safe Sleep violation. Ms. Warmbier indicated the parents prefer that the children sleep with a blanket in the portable crib. It was explained to Ms. Warmbier that this is in violation of the licensing rules and is prohibited. It was explained to Ms. Warmbier that she and her assistant caregiver will be required to take Safe Sleep training again and that a follow-up inspection will be required to ensure she is complying with the Safe Sleep guidelines. The blankets were immediately removed from the portable cribs.

On 10/24/2017, an unannounced Safe Sleep follow up on-site inspection was conducted at the child care group home. I met with the licensee Ms. Warmbier. A walk through inspection was completed to ensure there were no safe sleep violations. Ms. Warmbier was in compliance with safe sleep practices.

APPLICABLE RULE	
R 400.1916	**Bedding and sleeping equipment.**
	(7) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant shall not be placed with or under a resting or sleeping infant.
ANALYSIS:	Ms. Warmbier did not ensure that blankets were not placed in the portable crib while three infants were observed sleeping, which is in violation of safe sleep practices and could cause an infant to be smothered.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend no change in the status of the license.

November 30, 2017

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Mary Smith Date
Licensing Consultant

Approved By:

November 30, 2017

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Rose A. Rafferty-Aguirre Date
Area Manager