



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

January 6, 2012

Virginia Winicki  
2646 Lebouef Street  
Norton Shores, MI 49441

RE: License #: AF610004581  
Winicki AFC  
2646 Lebouef Street  
Norton Shores, MI 49441

Dear Ms. Winicki:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa Avenue, N.W.  
Grand Rapids, MI 49503-2337  
Desk: (616) 356-0111

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AF610004581  |
| <b>Licensee Name:</b>                   | Virginia Winicki                                   |
| <b>Licensee Address:</b>                | 2646 Lebouef Street<br>Norton Shores, MI 49441     |
| <b>Licensee Telephone #:</b>            | (231) 755-4998                                     |
| <b>Administrator/Licensee Designee:</b> | N/A  |
| <b>Name of Facility:</b>                | Winicki AFC  |
| <b>Facility Address:</b>                | 2646 Lebouef Street<br>Norton Shores, MI 49441     |
| <b>Facility Telephone #:</b>            | (231) 755-4998                                     |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |

**II. Purpose of Addendum**

David and Virginia Winicki were the co-licensees for the Winicki AFC home. The purpose of this addendum is to document the deletion of David Winicki's name from the family home license.

**III. Methodology**

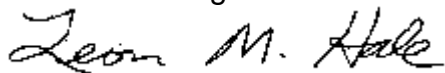
On 01/06/2012, I interviewed Virginia Winicki at the facility.

**IV. Description of Findings and Conclusions**

On 01/06/2012, Ms. Winicki requested that her late husband's name be deleted from the family home license. Ms. Winicki produced a certificate of death for David Winicki. I reviewed this document and noted that it identified David Winicki's date of death as 11/25/2011.

**V. Recommendation**

It is recommended that David Winicki's name be deleted from the Winicki AFC license. Virginia Winicki will then be the sole licensee.



01/06/2012

\_\_\_\_\_  
Leon M. Hale  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:



01/06/2012

\_\_\_\_\_  
Jerry Hendrick  
Area Manager

\_\_\_\_\_  
Date