



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 29, 2024

Brittany Green  
82 Vale Street  
Battle Creek, MI 49014

RE: License #: AM130415593  
Stepping Stone AFC  
69 Fremont St.  
Battle Creek, MI 49017

Dear Mr./Ms. Green:

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

Sincerely,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130415593
<b>Licensee Name:</b>	Brittany Green
<b>Licensee Address:</b>	82 Vale Street Battle Creek, MI 49014
<b>Licensee Telephone #:</b>	(269) 316-0159
<b>Administrator:</b>	Brittany Green
<b>Licensee Designee:</b>	Brittany Green
<b>Name of Facility:</b>	Stepping Stone AFC
<b>Facility Address:</b>	69 Fremont St. Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 964-0490
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. Purpose of Addendum

The licensee has requested modifying the original license of the facility by adding an additional resident to bedroom number four.

## III. Methodology

On 10/25/24, I interviewed licensee Brittany Green via telephone requested modifying original license by adding an additional request to bedroom number four. Ms. Green reported square footage for bedroom number four meets the requirement to have two residents in this bedroom.

10/28/24, I received *Request for Modification of the Terms* from the licensee requesting to increase resident bed capacity from nine to ten.

## IV. Description of Findings and Conclusions

The facility was originally licensed on 4/3/24 with a nine resident bed capacity. The licensee has requested modification of terms increasing resident bed capacity from nine to ten resident bed capacity since bedroom number four meets the requirement of having two residents in the bedroom.

The measurements of the resident bedrooms are the following:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 0" X 15' 2"	195 sq. ft	2
2	10' 6" X 12' 10"	132 sq. ft	2
3	12' 9" X 15' 3"	195 sq. ft	2
4	12' 5" X 12' 5"	145 sq. ft	1
5	10' 0" X 11' 6"	110 sq. ft	1
6	11' 0" X 11' 1"	121 sq. ft	1

The living and dining room areas measure a total of 375 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this group home can accommodate ten (10) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## V. Recommendation

I approve the licensee's request to change the layout of the facility increasing resident bed capacity from nine resident beds to ten resident beds effective 10/29/24.

*Kevin L Sellers*

10/29/24

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Kevin Sellers  
Licensing Consultant

Date

*Russell Misiak*

10/30/24

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Russell Misiak  
Area Manager

Date