



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 16, 2024

Christina Jenkins-Sloan  
1461 Sheldon St  
Alger, MI 48610

RE: License #:	AM060007747 Jenkins Foster Care Home 1461 Sheldon Street Alger, MI 48610
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Dear Christina Jenkins-Sloan:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The regular license is valid only at your present address and is nontransferable.

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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM060007747
<b>Licensee Name:</b>	Christina Jenkins-Sloan
<b>Licensee Address:</b>	1461 Sheldon St Alger, MI 48610
<b>Licensee Telephone #:</b>	(989) 836-2504
<b>Licensee:</b>	Christina Jenkins-Sloan
<b>Administrator:</b>	Christina Jenkins-Sloan
<b>Name of Facility:</b>	Jenkins Foster Care Home
<b>Facility Address:</b>	1461 Sheldon Street Alger, MI 48610
<b>Facility Telephone #:</b>	(989) 836-2504
<b>Original Issuance Date:</b>	04/24/1992
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/13/2024

Date of Bureau of Fire Services Inspection if applicable: 01/18/2024

Date of Health Authority Inspection if applicable: 08/19/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



12/16/2024

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Shamidah Wyden  
Licensing Consultant

Date