



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 8, 2025

Kevin Hankerson  
2 Foot Prints Inc  
24106 Hickory Grove Ln  
Novi, MI 48375

RE: License #: AS820087908  
**Springhill AFC**  
**3826 Springhill**  
**Inkster, MI 48141**

Dear Mr. Hankerson:

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 small group home license and special certification are renewed. The license and special certification 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820087908
<b>Licensee Name:</b>	2 Foot Prints Inc
<b>Licensee Address:</b>	3826 Springhill Inkster, MI 48141
<b>Licensee Telephone #:</b>	(734) 595-6744
<b>Licensee/Licensee Designee:</b>	Kevin Hankerson
<b>Administrator:</b>	Kevin Hankerson
<b>Name of Facility:</b>	Springhill AFC
<b>Facility Address:</b>	3826 Springhill Inkster, MI 48141
<b>Facility Telephone #:</b>	(734) 641-7830
<b>Original Issuance Date:</b>	11/02/1999
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee designee

- 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:  
CAP Dated 7/16/2024 R330.1803 (1), R400.14208 (1), R400.14301 (4),  
R400.14301 (9), R400.14312 (4), R400.14318 (5), R400.14402 (3),  
R400.1403 (1), R400.14403 (11), R400.14505 (3) 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.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



01/08/2025

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Denasha Walker  
Licensing Consultant

Date