



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 21, 2025

Sonja Woodson  
59 Greenwood Ave.  
Battle Creek, MI 49017

RE: License #: AF130344798  
S & A Transitional Living  
59 Greenwood Ave.  
Battle Creek, MI 49037

Dear Ms. Woodson:

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 family home license are renewed. The 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 (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)

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AF130344798
<b>Licensee Name:</b>	Sonja Woodson
<b>Licensee Address:</b>	59 Greenwood Ave. Battle Creek, MI 49017
<b>Licensee Telephone #:</b>	(269) 282-0742
<b>Licensee:</b>	Sonja Woodson
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	S & A Transitional Living
<b>Facility Address:</b>	59 Greenwood Ave. Battle Creek, MI 49037
<b>Facility Telephone #:</b>	(269) 282-0742
<b>Original Issuance Date:</b>	09/29/2014
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/20/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- 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.  
No meals served during inspection.
- 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**

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

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular license to this AFC adult family home.

*Kevin L Sellers*

3/21/25

---

Kevin Sellers  
Licensing Consultant

Date