



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2025

Sara Fredricks
Howell's Adult Foster Care, Inc.
506 S 29th
Saginaw, MI 48601

RE: License #: AM730419063
Howell's Group Home
3106 Walters Dr.
Saginaw, MI 48601

Dear Ms. Fredricks:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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,

A handwritten signature in cursive script that reads 'Anthony Humphrey'.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AM730419063
Licensee Name:	Howell's Adult Foster Care, Inc.
Licensee Address:	506 S 29th Saginaw, MI 48601
Licensee Telephone #:	(989) 332-2291
Licensee/Licensee Designee:	Sara Fredricks
Administrator:	Sara Fredricks
Name of Facility:	Howell's Group Home
Facility Address:	3106 Walters Dr. Saginaw, MI 48601
Facility Telephone #:	(989) 332-2291
Original Issuance Date:	01/17/2025
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/03/2025

Date of Bureau of Fire Services Inspection if applicable: 04/09/2024

Date of Health Authority Inspection if applicable: 07/03/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 10
No. of others interviewed Role:

- 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 2 year regular adult foster care license.

A handwritten signature in cursive script that reads "Anthony Humphrey". The signature is written in black ink and is positioned to the left of the date.

07/22/2025

Anthony Humphrey
Licensing Consultant

Date