



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 11, 2025

Sherry Rodriguez, and Angel Rodriguez  
11422 Foreman Farms Ct  
Lowell, MI 49331

RE: License #: **AF410311840**  
**Rodriguez AFC Family Home**  
**11422 Foreman Farms Ct**  
**Lowell, MI 49331**

Dear Sherry Rodriguez and Angel Rodriguez,:

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 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 (616) 356-0100.

Sincerely,

*Arlene B. Smith*

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

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

**I. IDENTIFYING INFORMATION**

**License #:** AF410311840

**Licensee Name:** Sherry Rodriguez and Angel Rodriguez

**Licensee Address:** 11422 Foreman Farms Ct  
Lowell, MI 49331

**Licensee Telephone #:** (616) 897-2101

**Licensee/Licensee Designee:** N/A

**Administrator:** N/A

**Name of Facility:** Rodriguez AFC Family Home

**Facility Address:** 11422 Foreman Farms Ct  
Lowell, MI 49331

**Facility Telephone #:** (616) 897-2101

**Original Issuance Date:** 03/10/2011

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2025

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 1

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.
- 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. The Co-licensee was present for the renewal inspection and she agreed with my findings.

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 and a special certification.

*Arlene B. Smith*

09/11/2025

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Arlene B. Smith  
Licensing Consultant

Date