



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 9, 2025

Kleck, Connalee and Rykse, Anastasia  
7411 Grosvenor  
SAND LAKE, MI 49343

RE: License #: AS410418493  
**Kleck AFC**  
**16968 Myers Lake Ave**  
**Sand Lake, MI 49343**

Dear Connalee Kleck, and Anastasia Rykse,:

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 temporary 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 #:** AS410418493

**Licensee Name:** Kleck, Connalee AND Rykse, Anastasia

**Licensee Address:** 7411 Grosvenor  
SAND LAKE, MI 49343

**Licensee Telephone #:** (616) 427-3700

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

**Administrator:** Connalee Kleck

**Name of Facility:** Kleck AFC

**Facility Address:** 16968 Myers Lake Ave  
Sand Lake, MI 49343

**Facility Telephone #:** (616) 427-3700

**Original Issuance Date:** 04/14/2025

**Capacity:** 3

**Program Type:** DEVELOPMENTALLY DISABLED

**Certified Programs:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/09/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: Co-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. They do not manager any resident funds.
- Meal preparation / service observed? Yes  No  If no, explain.  
I was not there during a meal time
- 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.  
They did not have any incidnet reports
- 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, Connalee Kleck 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*

10/09/2025

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Arlene B. Smith  
Licensing Consultant

Date