



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2026

Joshua Cheff
JJS AFC LLC
3017 Fenton Rd.
Flint, MI 48507

RE: License #:	AL250304175 JJS AFC LLC 3017 Fenton Flint, MI 48507
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Dear Joshua Cheff:

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,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL250304175
Licensee Name:	JJS AFC LLC
Licensee Address:	3017 Fenton Rd. Flint, MI 48507
Licensee Telephone #:	(810) 441-8415
Licensee/Licensee Designee:	Joshua Cheff
Administrator:	Joshua Cheff
Name of Facility:	JJS AFC LLC
Facility Address:	3017 Fenton Flint, MI 48507
Facility Telephone #:	(810) 820-3737
Original Issuance Date:	07/27/2011
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/19/2026

Date of Bureau of Fire Services Inspection if applicable: 10/24/2025

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 19

No. of others interviewed 0 Role: [REDACTED]

- 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? 0 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.



02/19/2026

Martin Gonzales Licensing Consultant	Date
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