



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 15, 2026

Christine Bertram
Montclair Specialized Residential LLC
2101 Montclair Avenue
Flint, MI 48503

RE: License #:	AS250416797 Montclair Specialized Residential 2101 Montclair Avenue Flint, MI 48503
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Dear Christine Bertram:

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 and special certification will be renewed with an effective date of 08/22/26. 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,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250416797
Licensee Name:	Montclair Specialized Residential LLC
Licensee Address:	2101 Montclair Avenue Flint, MI 48503
Licensee Telephone #:	(833) 478-9464
Licensee/Licensee Designee:	Christine Bertram
Administrator:	Katrina Bailey
Name of Facility:	Montclair Specialized Residential
Facility Address:	2101 Montclair Avenue Flint, MI 48503
Facility Telephone #:	(833) 478-9464
Original Issuance Date:	02/22/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2026

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 3

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime.
- 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:
08/07/24: R 400.14505(6), R 400.14403(6), R 400.14301(6), R 400.14301(4), R
400.14315(3): 12/03/25: R 400.641(5), R 400.681(1): 02/19/26: R 400.14621, R
400.641(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Rule variance/exemption granted on 04/01/26: Age variance for resident
approved.

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.

Susan Hutchinson

May 15, 2026

Susan Hutchinson Licensing Consultant	Date
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