GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 26, 2026

Scott Brown
Renaissance Community Homes Inc
P.O. Box 749
Adrian, MI 49221

RE: License #: AS810416766
Munger House
4805 Munger Rd.
Ypsilanti, MI 48197

Dear Scott Brown:

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 are renewed. The license 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 (313) 456-0380.

Sincerely,

Vanita Bouldin

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #:	AS810416766
Licensee Name:	Renaissance Community Homes Inc
Licensee Address:	4224 W. Maumee St Adrian, MI 49221
Licensee Telephone #:	(734) 483-9363
Licensee/Licensee Designee:	Scott Brown
Administrator:	Laura Salo
Name of Facility:	Munger House
Facility Address:	4805 Munger Rd. Ypsilanti, MI 48197
Facility Telephone #:	(734) 340-5840
Original Issuance Date:	03/21/2024
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2026

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 2
No. of residents interviewed and/or observed 3
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Paperwork review renewal only.
- 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. Paperwork review renewal only.
- 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 ☒

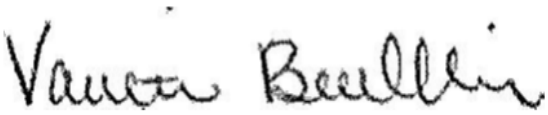
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

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.



Vanita C. Bouldin
Licensing Consultant

Date: 08/25/2026