



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

April 18, 2006

Jayne Graham
831 Rose Street
Big Rapids, MI 49307

RE: Application #: AF540281082
Jayne's House
831 Rose Street
Big Rapids, MI 49307

Dear Ms. Graham:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2488.

Sincerely,

Barbara Williams, Licensing Consultant
Office of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-0978

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AF540281082
Applicant Name:	Jayne Graham
Applicant Address:	831 Rose Street Big Rapids, MI 49307
Applicant Telephone #:	(231) 527-1724
Administrator/Licensee Designee:	N/A
Name of Facility:	Jayne's House
Facility Address:	831 Rose Street Big Rapids, MI 49307
Facility Telephone #:	(231) 796-4512
Application Date:	11/28/2005
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/28/2005	Enrollment
12/22/2005	Application Incomplete Letter Sent
02/23/2006	Application Complete/On-site Needed
02/23/2006	Inspection Completed On-site
02/23/2006	Inspection Completed-BFS Sub. Compliance
04/06/2006	Inspection Completed On-site
04/10/2006	Contact - Document Received
04/11/2006	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the city of Big Rapids, Michigan. The facility is a two story building consisting of one triple and one single occupancy resident bedrooms, kitchen, formal dining room, two living rooms, one full bathroom, and a laundry room on the first level and one double occupancy resident bedroom, a bedroom occupied by the licensee a guest bedroom and a full bathroom on the upper level.

The facility has the required living room space for the six residents and the licensee.

The usable floor bedroom measurements are the following:

West Bedroom	240 square feet	(3 Residents)	Lower Level
North Bedroom	100 square feet	(1 Resident)	Lower Level
South Bedroom	143 square feet	(2 Residents)	Upper Level

B. Program Description

Jane Graham is the licensee and will be responsible for providing personal care, supervision, protection and the program determined to be necessary for each resident.

Based on the Licensing Record Clearance and medical information obtained, Jane Graham is of good moral character and suitable to provide adult foster care.

The facility will accept both males and females who are mentally ill, developmentally disabled, and physically handicapped.

Some of the recreational activities will include family events, attending the circus, going out to eat, attending dances, visiting friends, and going on supervised dates. The facility will assure the availability of transportation.

C. Rule/Statutory Violations

The facility is in compliance with applicable statutes and administrative rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

Barbara K. Williams

04/18/2006

Barbara Williams
Licensing Consultant

Date

Approved By:

Kathleen S. Sinnamon

04/18/06

Kathleen S. Sinnamon
Area Manager

Date