



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

February 14, 2003

Eric and Kimberly Shepler  
10663 East M 42  
Manton, MI 49663

RE: Application #: AF830253662  
**SHEPLER AFC**  
10663 East M-42  
Manton, MI 49663

Dear Mr. and Mrs. Shepler:

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 new license with a maximum capacity of 6 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Yolanda Sims, Area Manager, at (616) 356-0120.

Sincerely,

Terry Buit, Licensing Consultant  
Bureau of Family Services  
350 Ottawa, N.W. - Unit 13, 7th Floor  
Grand Rapids, MI 49503  
(616) 356-0110

Enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF FAMILY SERVICES  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF830253662
<b>Applicant Name:</b>	Eric Wayne & Kimberly Sue Shepler
<b>Applicant Address:</b>	10663 East M 42 Manton, MI 49663
<b>Applicant Telephone #:</b>	231/824-6686
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	<b>SHEPLER AFC</b>
<b>Facility Address:</b>	10663 East M-42 Manton, MI 49663
<b>Facility Telephone #:</b>	231/824-6686
<b>Application Date:</b>	12/03/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	Developmentally Disabled

## **II. METHODOLOGY**

12/03/2002	Enrollment
12/03/2002	Inspection Report Requested - Health
01/06/2003	Inspection Completed-Env. Health : A
01/22/2003	Comment - Transferred to field for an onsite visit
02/06/2003	Inspection Completed On-site
02/06/2003	Inspection Completed-BFS Sub. Compliance
02/13/2003	Corrective Action Plan Received
02/13/2003	Corrective Action Plan Approved
02/13/2003	Inspection Completed On-site
02/13/2003	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The facility is a walkout style ranch in rural Wexford County. It is located about two miles from Manton. Zoning approval is not required.

The upper level contains the provider living quarters. Residents will eat meals on the upper level. The lower level contains three double occupancy AFC resident bedrooms, bathroom, living area, and heat plant room. The heat plant and water heater are enclosed by a one-hour enclosure.

### **B. Program Description**

Eric and Kim Shepler are the joint licensees. They are a married couple. Their two minor children also live in the facility. The Sheplers have had a family home license in Missaukee County since 1999. This is a relocation application.

Four residents will be moving with the Sheplers into this facility. There are three women and one man. They are developmentally disabled and between the ages of 30 and 50.

Day program services will be provided through the local CMH. In-home recreation and community outings will be offered.

The licensees have submitted various policies. They are attached and are considered part of this report.

