



STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

JOHN ENGLER  
GOVERNOR

NOELLE A. CLARK  
DIRECTOR

October 31, 2002

Kristie Gallagher  
Scott Gallagher  
10393 W. Long Lake Rd  
Alpena, MI 49707

RE: Application #: AF040252529  
Gallaghers AFC  
10393 W. Long Lake Rd.  
Alpena, MI 49707

Dear Kristie and Scott Gallagher:

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 2 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 Christina Gut, Area Manager, at (231) 922-5301.

Sincerely,

Julie Loncar, Licensing Consultant  
Bureau of Family Services  
Suite 13  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5471

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF040252529

**Applicant Name:** Gallagher, Kristie and Gallagher, Scott

**Applicant Address:** 10393 W. Long Lake Rd  
Alpena, MI 49707

**Applicant Telephone #:** (989) 595-6540

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Gallaghers AFC

**Facility Address:** 10393 W. Long Lake Rd.  
Alpena, MI 49707

**Facility Telephone #:** (989) 595-6540

**Application Date:** 07/31/2002

**Capacity:** 2

**Program Type:** DEVELOPMENTALLY DISABLED

**II. METHODOLOGY**

10/07/2002	Enrollment
10/07/2002	Contact - Telephone call made Schedule on-site
10/07/2002	Inspection Report Requested - Health
10/07/2002	Inspection Completed-BFS Full Compliance
10/07/2002	Inspection Completed-Fire Safety : A
10/10/2002	Inspection Report Requested - Health

10/23/2002 Contact - Telephone call made  
Health Department-water sample due in today

10/23/2002 Inspection Completed-Env. Health : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a four bedroom 2 full bath bi-level with a large deck and yard area in rural Alpena County. The upper level of the home consists of three bedrooms, one full bath, a large living and dining room area and large kitchen area. The lower level consists of a large family room and bedroom, as well as furnace, storage and laundry rooms. Measurements of the living areas as well as a review of the submitted floor plan indicate that the facility has ample square footage for two residents and four family members to meet the requirements of R400.1427(1) Living space. This rule requires not less than 35 square feet of indoor living space per occupant which this home has. The bedroom for the two residents is 153.7 square feet which is more than adequate space for each resident. The facility is not equipped for wheelchair residents.

The facility is in compliance with Fire Safety rules for Family Homes and is fully equipped with smoke detectors including several that are interconnected to the electrical system of the home. The Alpena County Health Department has inspected and approved the home's private well and septic system.

#### Program Description

Mr. and Mrs. Gallagher intend to provide an adult foster care program for two developmentally disabled males that includes 24 supervision and assistance with personal care services. Mrs. Gallagher has extensive knowledge and experience with this population as she is currently employed as a community supports coordinator for the DD population with Northeast Michigan Community Mental Health. The Gallagher's also intend to provide numerous recreation opportunities for their residents that include camping and outings with their 12 year old twin sons.

Mr. and Mrs. Gallagher have acceptable license record clearances and medical clearances including current test results for tb. The Gallagher's have a procedure in place to determine the good moral character of their responsible persons that includes inquiring about criminal convictions and doing reference checks.

#### B. Rule/Statutory Violations

There were no rule violations noted

**IV. RECOMMENDATION**

I recommend issuance of a Temporary license to this AFC family home (capacity 2) effective 10/31/2002.

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Julie Loncar Date  
Licensing Consultant

Approved By:

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Christina Gut Date  
Area Manager