



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

October 23, 2014

Diane Stauffer
Birch AFC Inc
193 Half Mile Road
Athens, MI 49011

RE: License #: AM750091929
Birch AFC Inc
30895 King Rd.
Po Box 85
Leonidas, MI 49066

Dear Mrs. Stauffer:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (616) 356-0100.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM750091929
Licensee Name:	Birch AFC Inc
Licensee Address:	193 Half Mile Road Athens, MI 49011
Licensee Telephone #:	(269) 729-5282
Administrator/Licensee Designee:	Diane Stauffer, Designee
Name of Facility:	Birch AFC Inc
Facility Address:	30895 King Rd. Po Box 85 Leonidas, MI 49066
Facility Telephone #:	(269) 496-8014
Capacity:	11
Program Type:	AGED

II. Purpose of Addendum

Increase in capacity

III. Methodology


10-22-2014 Inspection completed on-site

IV. Description of Findings and Conclusions

During the renewal on-site inspection on 10-22-2014 the licensee designee submitted a request to increase her capacity to 11. In the past the facility was licensed for 12 and has sufficient bedroom and living space to be licensed for 12. The capacity had been reduced at the request of the licensee.

V. Recommendation

I recommend increasing the capacity of this license to 11 at the request of the licensee designee.



October 23, 2014

Susan Gamber
Licensing Consultant

Date