LANSING

JENNIFER M. GRANHOLM GOVERNOR DAVID C. HOLLISTER

June 16, 2003

JoAnne Squires 3204 N Shoreview Fort Gratiot, MI 48059

RE: Application #: AF740257524

Squires AFC 3204 Shoreview

Fort Gratiot, MI 48059

Dear Ms. Squires:

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 4 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 Candyce Crompton, Area Manager, at (586) 412-6846.

Sincerely,

Michael Swajanen, Licensing Consultant Bureau of Family Services Suite 301 16000 Hall Road Clinton Township, MI 48038 (586) 412-6833

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF740257524

Applicant Name: JoAnne Squires

Applicant Address: 3204 N Shoreview

Fort Gratiot, MI 48059

Applicant Telephone #: (810) 385-0060

Administrator/Licensee Designee: N/A

Name of Facility: Squires AFC

Facility Address: 3204 Shoreview

Fort Gratiot, MI 48059

Facility Telephone #: (810) 385-0060

Application Date: 10/28/2002

Capacity: 4

Program Type: CLF/MI

CLF/DD AGED

II. METHODOLOGY

| 10/28/2002 | Enrollment |
|------------|---|
| 05/23/2003 | Inspection Completed On-site |
| 05/28/2003 | Contact - Document Sent Preliminary inspection report mailed. |
| 06/11/2003 | Inspection Completed On-site |
| 06/11/2003 | Inspection Completed-BFS Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Squires Adult Foster Care Facility is an extremely clean, attractively furnished tri level home with basement and an attached garage located in a residential area of Fort Gratiot Michigan. The main floor consists of an entry foyer, one bedroom, family room and full bathroom. The second level contains a living room, formal dinette, kitchen, and laundry room. The third level contains three bedrooms and two full bathrooms. At final inspection the facility was in compliance with living and bedroom furnishing requirements. The living room, family room, and dinette contain a total of 663.58 square feet of indoor living space. Mrs. Squires will reside in the facility with her husband, two children and four residents requiring 280 square feet on indoor living space. Compliance to the requirements of rule 27 (1) has been determined.

The Northwest bedroom off of the foyer contains 110 square feet and will house one resident. The third level Southwest Bedroom contains 130 square feet and will house two residents. The third level Northwest Bedroom contains 111.87 square feet and will house one resident. The facility is not approved to provide services to non-ambulatory adults.

At final inspection all interior doors were equipped with approve hardware. Smoke detectors were also placed and in working order in all bedroom areas and areas of the home that contain flame or heat producing equipment. Written fire, medical, and severe weather emergency procedures and telephone numbers were posted as required. A solid one and three quarter inch door has been installed between the basement and first floor level. The door was also equipped with approved hardware and self-closing device. The basement contains two escape windows and has been approved by Fort Gratiot Township for the children's use for their bedrooms. The basement is not approved for resident use and/or occupancy.

The facility will utilize Fort Gratiot Townships public water and sewage systems. At final inspection the kitchen and bathroom areas were clean and well maintained.

B. Program Description

The Squires AFC home will provide foster care services to ambulatory male or female adults who are aged, mentally ill, or developmentally disabled. Mrs. Squires has been previously employed as a direct care staff person in the St. Clair County area. She has submitted medical documentation and tuberculin test results verifying her physical and mental health. Her good moral character has been verified through the processing of a licensing record clearance request. References have also been received and all reference sources indicate Mrs. Squires possesses the moral character, maturity and judgment, and capability to provide a quality adult foster care program. All reference sources also indicated they do not know of any reason why Mrs. Squires should not be approved to provide adult foster care.

Mrs. Squires husband, William Squires, will act as the designated responsible person in Mrs. Squire's absence. Documentation has been received for Mr. Squires verifying his physical and mental health and his good moral character. Documentation has also been received for Mrs. Squire's children verifying their physical and mental health and good moral character.

C. Rule/Statutory Violations

At final inspection the facility was in full compliance with Quality of Care, Physical Plant, Fire Safety, and Environmental Sanitation requirements.

IV. RECOMMENDATION

| I recommend issuance of a (capacity 1-4). | temporary license to this AFC adult family | y home |
|---|--|--------|
| Michael Swajanen Licensing Consultant | Date | |
| Approved By: | | |
| Candyce Crompton Area Manager | Date | |