



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 13, 2022

Danielle and Dale Sissell  
20461 Spruce Rd.  
Big Rapids, MI 49307

RE: License #: AF540281079  
**Welcome Home AFC**  
**20461 Spruce Road**  
**Big Rapids, MI 49307**

Dear Danielle and Dale Sissell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license and special certification are renewed. The license and special certification is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF540281079
<b>Licensee Name:</b>	Danielle and Dale Sissell
<b>Licensee Address:</b>	20461 Spruce Rd. Big Rapids, MI 49307
<b>Licensee Telephone #:</b>	(231) 527-1724
<b>Licensee:</b>	Danielle and Dale Sissell
<b>Name of Facility:</b>	Welcome Home AFC
<b>Facility Address:</b>	20461 Spruce Road Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 527-1724
<b>Original Issuance Date:</b>	04/18/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 06/22/2022

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification for capacity of 6.

*Bridget Vermeesch*

10/13/2022

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Bridget Vermeesch  
Licensing Consultant

Date