



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 27, 2025

James Boyd  
Crisis Center Inc - DBA Listening Ear  
PO Box 800  
Mt Pleasant, MI 48804-0800

RE: License #: AS260419003  
**Spring St AFC**  
**1411 N Spring St**  
**Gladwin, MI 48624**

Dear Mr. Boyd:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW  
Grand Rapids MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AS260419003

**Licensee Name:** Crisis Center Inc - DBA Listening Ear

**Licensee Address:** 107 East Illinois  
Mt Pleasant, MI 48858

**Licensee Telephone #:** (989) 773-6904

**Licensee Designee:** James Boyd

**Name of Facility:** Spring St AFC

**Facility Address:** 1411 N Spring St  
Gladwin, MI 48624

**Facility Telephone #:** (989) 426-0424

**Original Issuance Date:** 04/30/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s):

10/24/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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. *(remove if this does not apply)*

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.



10/27/25

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Johnnie Daniels  
Licensing Consultant

Date