



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 18, 2026

Donald Bailey & Deborah Goderre
1620 20th
Allegan, MI 49010

RE: License #: AF030249722
Norma Jeans AFC
1620 20th
Allegan, MI 49010

Dear Donald Bailey and Deborah Goderre:

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 and special certification are 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,

Megan Leavitt, LMSW

Megan Leavitt, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #: AF030249722

Licensee Name: Donald Bailey, Deborah Goderre

Licensee Address: 1620 20th
Allegan, MI 49010

Licensee Telephone #: (269) 672-9722

Licensee/Licensee Designee: Deborah Goderre

Administrator: Deborah Goderre

Name of Facility: Norma Jeans AFC

Facility Address: 1620 20th
Allegan, MI 49010

Facility Telephone #: (269) 672-9722

Original Issuance Date: 10/16/2002

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/17/2026

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

Date of Health Authority Inspection if applicable: 11/19/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

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

On 02/17/2026, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a two year regular adult foster care license and special certification.

Megan Leavitt, LMSW

02/18/2026

Megan Leavitt
Licensing Consultant

Date