



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 19, 2026

Joshua Cheff  
JJS AFC LLC  
3017 Fenton Rd.  
Flint, MI 48507

RE: License #:	AL250304175 <b>JJS AFC LLC</b> <b>3017 Fenton</b> <b>Flint, MI 48507</b>
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Dear Joshua Cheff:

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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250304175
<b>Licensee Name:</b>	JJS AFC LLC
<b>Licensee Address:</b>	3017 Fenton Rd. Flint, MI 48507
<b>Licensee Telephone #:</b>	(810) 441-8415
<b>Licensee/Licensee Designee:</b>	Joshua Cheff
<b>Administrator:</b>	Joshua Cheff
<b>Name of Facility:</b>	JJS AFC LLC
<b>Facility Address:</b>	3017 Fenton Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 820-3737
<b>Original Issuance Date:</b>	07/27/2011
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/19/2026

Date of Bureau of Fire Services Inspection if applicable: 10/24/2025

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 19  
No. of others interviewed 0 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? 0 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

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



02/19/2026

Martin Gonzales Licensing Consultant	Date
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