



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 13, 2026

Colette Shell  
3390 Loon Lake Court  
Waterford, MI 48329

RE: Application #: AS630420235  
**CCcare**  
**58 Hazel Ave**  
**Pontiac, MI 48341**

Dear Ms. Shell:

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630420235
<b>Licensee Name:</b>	Colette Shell
<b>Licensee Address:</b>	429 Harvey Pontiac, MI 48341
<b>Licensee Telephone #:</b>	(248) 797-1455
<b>Administrator:</b>	Colette Shell
<b>Name of Facility:</b>	CCcare
<b>Facility Address:</b>	58 Hazel Ave Pontiac, MI 48341
<b>Facility Telephone #:</b>	(947) 999-0195
<b>Application Date:</b>	01/22/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/22/2026	On-Line Enrollment
01/23/2026	Comment
01/23/2026	Lic. Unit file referred for background check review
01/23/2026	PSOR on Address Completed
01/23/2026	Contact - Document Sent
01/27/2026	Contact - Document Received AFC-100.
01/27/2026	File Transferred To Field Office
01/28/2026	Contact - Document Sent
02/17/2026	Application Complete/On-site Needed
02/17/2026	Inspection Completed On-site
02/17/2026	Inspection Completed-BCAL Full Compliance
02/23/2026	Contact - Document Received
03/11/2026	Contact - Document Received
04/03/2026	SC-Application Received - Original
04/08/2026	PSOR on Address Completed

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

CCcare is located on a residential street at 58 Hazel Ave Pontiac, Michigan. The home is colonial style home. The home has six bedrooms, a full bathroom upstairs, and a full bathroom on the main floor, a living room, dining room, kitchen, patio room, and laundry room. The home has two approved means of egress equipped with non-locking against egress hardware.

The home utilizes public water and sewer. The furnace and hot water heater are in basement. The basement has a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected smoke detectors, which are fully operational. The bedrooms and bathroom doors are equipped with positive latching, non-locking against egress hardware. All the bedrooms have adequate space, bedding, and storage. All the bedrooms have a chair and mirror.

During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The home is not wheelchair accessible and therefore they will not accept residents who are unable to ambulate.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 8'	80	1
2	10' x 8'	80	1
3	10' x 10'	100	1
4	10' x 8'	80	1
5	10' x 9'	90	1
6	11' x 9'	90	1

**Total Capacity 6**

The living and dining room area measures a total of 372 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It should be noted that the home has a seventh bedroom upstairs that is intended to be used for a live in staff. This bedroom is across from the bathroom. It is the licensee's responsibility not to exceed the facility's licensed capacity of six.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for CCcare were reviewed and accepted as written. CCcare will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week. CCcare will provide long term care to six female ambulatory aged adults. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. CCcare intends to contract services with individuals from placing agencies such as, but not limited to, Oakland Community Health Network, Detroit Wayne Integrated Health Network and/ or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

### **C. Applicant and Administrator Qualifications**

The applicant, Colette Shell has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to operate the adult foster care facility.

The licensee/administrator, Colette Shell has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Colette Shell has 26 years of experience leading and strengthening teams centered around customer service. Ms. Shell worked at Havenywck Hospital as a patient care technician providing direct care to individuals diagnosed with mental illness and developmental disabilities. Ms. Shell also has experience working with individuals with intellectual disabilities such as Autism and ADHD.

Colette Shell acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Colette Shell acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Colette Shell acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Colette Shell acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Colette Shell acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Colette Shell acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Colette Shell acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Colette Shell acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Colette Shell acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Colette Shell acknowledged that a separate resident funds transaction form will be completed for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

Colette Shell acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights

Colette Shell acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Colette Shell acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

It should be noted that on 04/02/2026, John Noel, Owner of A-1 Roofing and Siding, a licensed and insured contractor from Harrison Twp, MI provided written documentation indicating that all interior finishes in this home are constructed of at least Class C materials.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home, CCcare, with the capacity of (6) residents.



04/08/2026

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Johnna Cade  
Licensing Consultant

Date

Approved By:



04/13/2026

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Ardra Hunter  
Area Manager

Date