GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 6, 2026

Dawn Lewis
2336 Cortland
DETROIT, MI 48206

RE: Application #: AF820419028
Dawn Of Love In Care
2336 Cortland
Detroit, MI 48206

Dear Ms. Lewis:

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 4 is issued.

Attached is the Original Licensing Study Report for the above referenced facility. Due to 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 (313) 456-0380.

Sincerely,

Shatonla Daniel

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF820419028
Licensee Name:	Dawn Lewis
Licensee Address:	2336 Cortland DETROIT, MI 48206
Licensee Telephone #:	(313) 243-4557
Administrator/Licensee Designee:	N/A
Name of Facility:	Dawn Of Love In Care
Facility Address:	2336 Cortland Detroit, MI 48206
Facility Telephone #:	(313) 243-4557
Application Date:	12/06/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/06/2024	On-Line Enrollment
12/06/2024	PSOR on Address Completed
12/06/2024	Contact - Document Sent Forms sent.
01/21/2025	Contact - Document Received 1326/RI030, AFC 100
01/22/2025	File Transferred To Field Office
01/29/2025	Contact - Telephone call received
01/30/2025	Application Incomplete Letter Sent
04/25/2025	Inspection Completed-BCAL Sub. Compliance
12/09/2025	Inspection Completed-BCAL Full Compliance
01/06/2026	Contact - Document Sent
06/10/2026	Contact - Document Received
06/29/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Dawn of Love facility's is located in the Dexter/ Linwood residential area within the city of Detroit near the M10- Lodge and I-96- Jeffries freeway. The facility is located within a 10-mile radius of Focus Hope, Durfee Innovation Society, Zussman Playground, and Detroit Repertory Theatre. The facility has parking available on the road.

Due to the facility's location, it utilizes both public water and sewage system and is determined to be in substantial compliance with all applicable environmental health and safety rules.

Dawn Lewis, the applicant, owns the facility and verification of ownership with a copy of the deed.

The facility is a tan and brown aluminum siding, two-story home with two identified means of egress. The facility is not accessible to wheelchairs and cannot accept residents who require the regular use of a wheelchair.

The main floor has a living, dining room with a full kitchen with a rear exit. The second floor has three resident bedrooms, a full bathroom, and stairs. The basement contains the heating plant, storage, licensee living quarters, and stairs. The gas furnace and hot water heater, in addition to the gas powered washer and dryer, are located in the facility's basement. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 07/01/2026 by licensed service provider was determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

Fireplaces, if applicable, and Acknowledgement of Portable Heating Units:
The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 07/01/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, and similar spaced along with all areas that contain flame or heat producing equipment.

NOTE: *The licensee must provide documentation of compliance per Rule 727.6 and/or 727.7. Consultant should keep documentation as part of facility file verifying compliance.*

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Resident Beds
South	11.42 ft. X 10.25 ft.	117.01 sq. ft.	1
West	10.75 ft. X 15.75 ft.	169.31 sq. ft.	2
Northwest	11.25 ft. X 10.17 ft.	114.41 sq. ft.	1
Total			4

The living, dining, and sitting room areas measure a total of __379.73__ 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** [both male and female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, and aged in the least restrictive environment possible.

Provide a concise summary of the applicant's program statement, highlighting the program's purpose, services offered, and any unique program features. The program will promote independence and social interaction by assisting residents with cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and providing companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local Department of Health and Human Services, private pay individuals, and Adult Protective Services as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local

museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee. The applicant submitted a medical clearance with a statement from a physician documenting the applicant good health, dated 02//25/2026.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator's AFC experience and a concise overview of the key qualifications and work history. The applicant has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this _4_ bed facility is adequate and includes a minimum of _1_ staff –to- _4_ residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours (ensure this matches their program statement).

The applicant acknowledges 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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.

The applicant acknowledges their 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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.

The applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to

achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4).

07/01/2026

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Shatonla Daniel Date
Licensing Consultant

Approved By:

07/06/2026

_____

Ardra Hunter Date
Area Manager