GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2026

Roland Awolope
3916 Oakland Dr
Kalamazoo, MI 49008

RE: Application #: AS390420354
Trotwood AFC
6425 Trotwood
Portage, MI 49024

Dear Roland Awolope:

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 specialized certification for the developmentally disabled and mentally ill, 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 (517) 335-5985.

Sincerely,

Cathy Cushman

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390420354
Licensee Name:	Roland Awolope
Licensee Address:	3916 Oakland Dr Kalamazoo, MI 49008
Licensee Telephone #:	(269) 873-4532
Administrator:	Roland Awolope
Licensee Designee:	N/A
Name of Facility:	Trotwood AFC
Facility Address:	6425 Trotwood Portage, MI 49024
Facility Telephone #:	(269) 216-3426
Application Date:	02/26/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/26/2026	On-Line Enrollment
02/26/2026	On-Line Application Incomplete Letter Sent - 1326/RI030 req'd
02/27/2026	Contact - Document Sent - forms sent
03/27/2026	Contact - Document Received - 1326/RI030 rec'd
04/09/2026	Contact - Document Sent - IRS Ltr requested
05/12/2026	Application Incomplete Letter Sent - Sent application incomplete ltr via email
06/01/2026	Contact - Document Received - Received the following: budget, evacuation layout, org chart, job descriptions, personnel policies/procedures, licensee/administrator training/diploma, discharge/refund/admission/program statements, medical clearance, proof of ownership
06/03/2026	Application Incomplete Letter Sent - Sent in regards to my review of documentation received on 06/01
06/03/2026	Contact - Document Sent - Sent specialized certification application to licensee designee.
07/01/2026	Contact - Document Received - Received updated AFC documents pertaining to original.
07/03/2026	Contact - Document Received - Received picture verification of all corrections from inspection on 07/10/2026
07/06/2026	Contact - Document Received - Received updated layout, evacuation route, and fireplace statement.
07/08/2026	Application Incomplete Letter Sent - Sent updated app incomplete letter based on review of documentation received on 07/01 and 07/06
07/09/2026	Contact - Document Received - Updated emergency preparedness plan
07/10/2026	Inspection Completed On-site
07/10/2026	Inspection Completed-BCAL Sub. Compliance
07/10/2026	Inspection Completed-Env. Health : A - Due to location of facility, it utilizes public water/sewer. BCHS conducted inspection.

07/13/2026	Contact - Document Sent - Sent confirming letter from 6/10/26 inspection to licensee via email
07/13/2026	Inspection Completed-BCAL Full Compliance
07/20/2026	Recommend license issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility was previously licensed as an adult foster care facility in December 2022 and closed in June 2025 due to unforeseen circumstances requiring extensive renovation of the property.

The facility is located in a quiet residential neighborhood in the City of Portage, Kalamazoo County. The location provides convenient access to major roadways, including Westnedge Avenue, Oakland Drive, Centre Avenue, and Milham Road. Interstate 94 is approximately 8-10 minutes away, and US-131 is approximately 10-12 minutes away, providing easy access throughout the region. Shopping centers, grocery stores, pharmacies, restaurants, churches, parks, and other community resources are located within 5-10 minutes of the facility. Bronson Methodist Hospital, Beacon Health System, emergency medical services, and behavioral health providers are all within approximately 10-15 minutes. The property includes an attached two car garage, a paved driveway and available off-street parking that provide plenty of parking spaces for visitors and staff.

Due to the facility's location, it utilizes both public water and sewage systems, which were both inspected by the Bureau of Community Health Systems on 07/10/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

Ownership of the property was verified through the City of Portage parcel records, which identify Roland Awolope and Brittany McNeil as current property owners. Supporting title documentation for the property was also reviewed.

The facility is a two-story home with a traditional floor plan. The primary means of egress is the front entrance, and the secondary means of egress is a sliding glass door at the rear of the facility that leads through a three-season porch to the backyard. The facility does not have wheelchair ramps and approved means of egress are not at grade level; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main level of the home opens into a foyer that leads to a spacious living room. Beyond the foyer is the kitchen, with the dining room to the right and a second living room to the left. A sliding glass door from the second living area provides access to the three-season porch and fenced backyard. The backyard is enclosed by an approximately four-foot chain link fence that is non locking against egress.

A short hallway extends from the second living area and provides access to the laundry room, attached garage, resident bathroom, resident bedroom, and basement stairs. The resident bathroom is equipped with a toilet, sink, stand up shower, window and mechanical fan for ventilation. The laundry room contains an electric washer and dryer with the dryer vented directly to the outside using permanent metal ductwork.

The staircase to the second level is located off the foyer. The second floor contains four resident bedrooms, a common bathroom equipped with a toilet, sink, shower/tub combination with mechanical fan for ventilation, and one resident bedroom with an en-suite bathroom. The ensuite bathroom contains a toilet, sink, stand-up shower window and mechanical fan for ventilation. This bathroom will only be utilized by the resident(s) residing in this bedroom.

The licensee created floor separation by installing a fire door at the top of the basement stairs, which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Although the basement is finished, it will be utilized only for storage, staff and utility area. Residents will not utilize the basement area. The gas furnace and hot water heater are located in a separate mechanical room constructed to provide a 1-hour fire resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware.

As part of the renovation, the facility’s electrical and plumbing systems were inspected by the City of Portage. The contractor submitted a signed statement, dated 06/30/2026, documenting that both systems passed inspection and that the smoke alarms are hardwired and interconnected. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The applicant submitted an additional electrical inspection by Service Professor, dated 06/30/2026, verifying that the electrical system is good condition and functioning properly. The furnace, air conditioner and water heater were inspected in June 2026 by Wood Heating and Cooling and determined to be in good working 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.

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 has one gas powered fireplace in the living/sitting room near the kitchen; however, the applicant submitted a statement, dated 07/06/2026, documenting the gas unit was disconnected and would not be utilized for primary or supplemental heat purposes.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'7"x 9'3"	97 sq ft	1
2	13'7"x 10'4"	140 sq ft	1
3	10'5"x10'2"	105 sq ft	1
4	12'10"x13'6"	173 sq ft	1 or 2
5	17'7"x 16'0"	281 sq ft	1 or 2

The living, dining, and sitting room areas measure a total of **641** 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 (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's *Assessment Plans for AFC Residents* and individual plans of service. 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 **six** (**6**) male and female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, aged, and/or physically handicapped in in the least restrictive environment possible.

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. The licensee will promote group activities and outings and provide 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.

The applicant also intends to provide respite care to residents and documented in the program statement that residents requiring respite services would count towards the facility's licensed capacity. The applicant included a statement documenting that the provision of respite care could not impair the ability of the facility to meet the care needs of the residents or disrupt the residents who live in the facility. The applicant documented residents requiring respite services must complete all the required AFC documents at the time of admission and the licensee acknowledged an understanding of compliance with evacuation procedures when providing respite care.

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 community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, private pay individuals or Adult Protective Services, as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement and shall provide immediate emergency transportation or arrange 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 currently operates multiple established licensed adult foster care facilities, which also produce income. 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 the applicant and identified Administrator, Roland Awolope. He submitted a medical clearance with a statement from a physician documenting his good health, dated 05/22/2026.

The applicant, Roland Awolope, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. For approximately the past six years, Roland Awolope has owned and operated four small group adult foster care facilities in Kalamazoo County. He has aided with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance, and behavioral support to the developmentally disabled, mentally ill, aged, and physically handicapped populations. He 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 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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 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 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 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and specialized certification for the developmentally disabled and mentally ill populations to this adult foster care small group home with a maximum capacity of six residents.

07/20/2026

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Cathy Cushman Date
Licensing Consultant

Approved By:

07/21/2026

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Dawn N. Timm Date
Area Manager